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THE BIOLOGY OF THOUGHT, WITH SPECIAL REFERENCE TO THE ALIENATION OF THE MIND.

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IX. THE RESPONSIBILITY.

A. In Moral Regard.

THERE is an evidence which the mad even will respect. If one runs his nose against an iron lamp-post, he must be far gone to take it for silk, or cotton wadding. Don Quixote ceased taking the windmills for giants after he had been swung by one. But the margin left for the eccentricities of the will in the understanding is wide, and most elastic on the domain of reflection or abstract thought. And again, the most trouble, with reference to lunatic cases, is, that here also the pathological condition is based upon the physiological organization. If I may venture upon an etiological argument, in psychological intent, I would say, the lunatics, under the influence of a morbid will, cut their reasoning arbitrarily short at a given point usually least indicated by the matter under survey. And it is so specifically incipient madness of which this is the line of demarcation, that, as an overlapping edge, it extends to the majority of men, who, if they escape the verdict of insanity, owe this either to the fact that they are on time for correction, or to the simple circumstance, that they are the majority, and will as such not testify to their own deficiency of mental integrity. If a lunatic thinks himself God, or Jesus Christ, or the Holy Ghost, or all three of them, this may, to begin with, by a benevolent analytic be set down as an hypothesis, and as such treated on even footing with the hypothesis of a certain German scientist of a fourth dimension of space. For the criterion of madness is not in the belief as such. There have been beliefs out, fully as silly as the mentioned one, and people killed by the thousands because they did not want to adhere to them. Its stamp of craziness it receives only by the forcible blindfolding of the discriminative faculty; the lunatic entertains his belief with stubborn resolution to cling to it, be it ever so hugely that it clashes with facts of immediate practical experience. But does not often a similar craze prevail with people who count with the sane population? Is not evidently such a craze

the belief in spooks, or spirits, as those say who believe in spooks, and who would, if they could, by fire and sword, force all the world into the same belief, but for all that spurn the proposition, as sacrilegious, to have their spirits appear in open daylight and on the market-place, instead of in their well-arranged meetings, and—with due respect to the character of their spirit, not to say the spirit of their character? For if there is anything which stands to reason, it is the argument, that mind, whatsoever it otherwise be, is not a body. Consequently its attributes must be different from those of a body. Now, then, the most characteristic attribute of a body is individualization in space and time. We can, therefore, with good reason not avoid the conclusion, that spirit as such can never appear as a separate individuality. There is no escaping. This reasoning holds good, and it would leave to the spiritists, who cling to their belief in "spirit-bodies," in spite of it, the choice only between idiocy and craziness, were it not for the powerful agent, which accounts for the singularity, that people, who are evidently in their senses, make their intellects functionate sometimes as though they were lunatics, yea, we may say, the agent, which makes it possible that there be lunatics: THE HUMAN WILL IN THE UNDERSTANDING.

That is why, the will being up, it is so difficult to reason clear from the passion which dominates:

"Make 't thy question, and go rot!

Dost think, I am so muddy, so unsettled,
To appoint myself in this vexation? Sully
The purity and whiteness of my sheets,
Which to preserve, is sleep: which being spotted,
Is goads, thorns, nettles, tails of wasps?
Give scandal to the blood o' the prince, my son.
Who, I do think is mine, and love as mine;
Without ripe moving to 't. Would I do this?
Could man so blench?"

—SHAKESPEARE, *Winter's Tale*, I., ii.

and with lunatics it is the same, only worse. Bucknill and Tuke relate of a patient, "he began by telling what he knew was a lie, and ended by really believing it. . . . apt to domineer and assert his opinions dogmatically on subjects of which he has no knowledge, and is not conquered on the proofs of his ignorance being demonstrated."* The man was gifted; "able to converse on ordinary topics very intelligently, and support his arguments fairly, as a rule showing great ingenuity in accounting for the eccentricities of his conduct," thus proving that intellectual

* Manual, p. 250.

shortcomings were not the cause of the alienation of his mind. The cause had to be looked for in the ventral cavity which gave to the cerebro-nervous system its insane tendency. That is why "the most trivial circumstances are apt strongly to excite his feelings, and then his reasoning powers are overbalanced and crowded by passion."

Shakespeare says of a man sane in mind, but demented by jealousy: *

"Swear his thought over
By each particular star in heaven, and
By all their influences, you may as well
Forbid the sea for to obey the moon,
As or, by oath, remove, or counsel, shake
The fabric of his folly; whose foundation
Is pil'd upon his faith, and will continue
The standing of his body."

and Pinel reports from his researches among the insane inmates of the Bicêtre, "I was not a little surprised to see many madmen, who at no time had manifested any lesion of the understanding, and who were under the dominion of a sort of instinctive fury, as if the affective faculties alone had been diseased," † a report which is endorsed by a remark of Griesinger: "It should constantly be borne in mind, that an individual may talk quite rationally, and at the same time show by his acts and by his conduct (and even by what he does not do) that he is mentally deranged." ‡ Similarly other eminent alienists. Thus Dr. Prichard defines the kind of madmen under survey as "a morbid perversion of the natural feelings, affections, inclinations, tempers, habits, moral dispositions, and natural impulses, without any remarkable disorder or defect of the intellect, or knowing or reasoning faculties, and particularly without any insane illusion or hallucination." § which definition is endorsed by Dr. Maudsley's statement, "It is remarkable, indeed, what an acute intellect may sometimes co-exist with an entire absence of the moral sense." ||

Following up criminal cases, we obtain further confirmation of the intrinsic presence of the ventral cavity, by its will, in the intellect. It would be simply absurd to assume the criminal diathesis, which in certain specific cases undoubtedly is extant, as a deficiency of the brain. One might as well establish the hypothesis of an extra-proficiency, and Professor Benedikt, an anatomy-eccentric of Vienna, tried to improve upon the alternative, indeed, by discovering a specific mischief-convolution. Rationally, it can never be but an active agent to which action can be imputed. The intellect as such, our understanding and reasoning, being altogether of a receptive kind, it is the will in it only, got up by its connection with the totality of the *ego*, as represented in the blood-wave, that prompts the insight and the

thought, and not least, those which deviate from a sensible course.

This established, it follows, that the responsibility of the insane can in every way be only a modification of that of the sane. The difference can not be greater than that between physiology and pathology, or psychology and psychiatry, a difference which by very many is denied,* and which, on closest scrutiny, will be mostly in the name.

The mediæval metaphysicians, prompted by church discipline, taught what they called the *liberum arbitrium indifferentiae*, according to which there must be assumed in man perfect liberty of self-determination, the utter independence in the choice between good and bad. Modern research upset this theory. Men like Hobbes, Spinoza, Dante, Hume, Priestley, Kant, concurred in the deduction, that the will, like any other agency, requires for its action a *nexus causalis*, and propound this theory in very similar enunciations. Says Hobbes: "Every accident, how contingent soever it seem, or how *voluntary* soever it be, is produced necessarily." Spinoza: "*Voluntas non potest vocari causa libera, sed tantum necessaria. . . . Nam voluntas, ut reliqua omnia, causa indiget, a quo ad operandum certo modo determinatur.*" Priestly: "There is no absurdity more glaring to my understanding than the notion of philosophical liberty,—without a miracle, or the intervention of some foreign cause, no volition or action of any man could have been otherwise than it has been." Hume, with attention to the modification of the *nexus causalis* in man: "Thus it appears that the conjunction between motives and voluntary actions is as regular and uniform as that between cause and effect in any part of nature." Voltaire affirms "*Archimède est également nécessité de rester dans sa chambre, quand on l'y enferme, et quand il est si fortement occupé d'un problème, qu'il ne reçoit pas l'idée d'en sortir.*" And finally Kant claims, that, if it was feasible, to intrude into the way of thinking of a person, as this shows itself in outward and inner actions, so deeply, as to get knowledge of every, the minutest spur, even, and no less of all outward circumstance, in determinative relation to those actions, one should be able to foretell the disposition of a person in the future like an eclipse of sun or moon.

In mere logical or formally reasonable intent, keeping in the abstract region of thought, nothing can upset this argumentation. The will, in order to bestir itself, must have an object, and this object, as *de facto* the determinative one, was his motive of action, and as such as forcible as an outward compulsion. But the question of moral responsibility, which, if those arguments hold good materially as they do formally, would be solved negatively, must for all that be considered

* Winter's Tale, I., ii.

† Id. *ibid.*, p. 254.

‡ Id. *ibid.*, p. 246.

† Bucknill and Tuke, l. c., p. 341.

‡ Id. *ibid.*, p. 242.

* To mention a name, by Virchow, for instance.

as an open one. If nothing can be brought forward against the arguments from the abstract domain of thoughtfulness, much can be urged against them from the concrete standpoint of sensibility. For it is a fact, that not only the feeling of moral responsibility of the individual is an impulse of generous action, but that there is moral progress in mankind, and self-education in the single man, in which the agency of moral individual responsibility is alive and works as a stimulus of betterment. We must, therefore, if not as a universal rule, then as a not unfrequent exception, admit the occurrence of a will prompted by the free working of the mind or moral man.

And if we do not restrict our analysis of the argumentation of the above-cited eminent thinkers to its mere logical side, but extend it to a research of the link between thoughtfulness and sensibility, we find that the reasons brought forward are not at variance with practical observation. For actually those arguments speak nowise against the freedom of the will. It does not follow from the premises, as stated above, that the will can not stir without a motive, and that the determinative motive must be ever the moving one and as such as strong as a cause, that the will was not free on bestirring itself. It follows only that **THE WILL, IN BINDING ITSELF, CEASES TO BE FREE**, a verity which was as little denied as it needed the great above-mentioned philosophers to propound it. For, the stronger, the more compulsory the motive was which the will had to bestir itself, the less doubtful it can be that the agency which was up in the mind was the will's own will. Well, and another freedom of the will there can not be, but that the will have its will.

The conclusiveness of this argumentation seems unexceptional. And yet, there will remain in the reader an undercurrent of thought which revolts against a full acknowledgment. Even if we admit as notorious the fact that there is progress in mankind, and self-culture in the single man, though alas! perhaps rather rarely, the observation of our own intimacy, in only too abundant self-consciousness, teaches a kind of slavery of our will, a compulsory character of our actions, which proclaims decidedly against the theory of a free will, and does so above all in the insane, and our theory requires no doubt further investigation.

A simple statement, however, and one which was overlooked by those eminent men who contended against the mediæval theory of the freedom of the will, goes far to further our clear insight into the real state of things. This is the fact, that the will of man, so far from being a unit, as which Hobbes and Spinoza, Hume and Priestley, Voltaire and Kant treated it, is in man of a very multifarious condition. Common life observation sets it down as a preciousness worth registering, if a man knows his will, and as by intuition practical psychology propounds the principle, that

this knowledge is perfectly sufficient to act according to the will, if only there is an absence of inhibitory outward restraint.

Thus it would appear, that it is the knowledge of the will only, which is the condition of its freedom and consequently of moral responsibility. But the reader will agree with us, that this result is neither quite satisfactory. For, aside from the fact that the axiom would not bear upon all those, by far the majority, whose knowledge of their will is defective, the coercive relation of the will to its motive is by no means changed by its multifariousness, nor indeed by the knowledge of the will.

But again, this logical objection does by no manner of means lessen the metaphysical and didactic importance of the fact, that in moral philosophy, practical as well as theoretical, the point at issue and the *crux demonstrationis* is not in the theory of the *liberium arbitrium indifferentiæ*, nor in its refutation by the argument of the compulsory character of the determinative motive. The freedom of will in man can not mean the faculty of an individual, to sit down and deliberate whether he wants to have a will at all, for of such sitting down the presumption would be a previous existence of the will. It means only the freedom of actuality, the liberty to direct the will upon an object, and if that is done in accordance with the will, there can not be sensibly thrown up any other theoretical or practical problem of the freedom of the will.

The point at issue is, therefore, how can a person exhibit his will, in full accordance with itself, all its multifariousness notwithstanding, so as to produce in him self-consciousness of its freedom? For if such a state of the mind could be brought about, there would be all the freedom of the will which can be sensibly demanded.

Now, then, the right answer to this question, it seems to the writer, can not be doubtful. A successful way, and at the same time the only one, to fulfill these conditions, is, **TO WILL HARMONIOUSLY**. In order to keep our will in accordance with itself, all that is needed, is to never have the motives of our will clash with each other, but will at no time of our life contrary to the principles by which in our will we were guided at other times, thus avoiding the enslaving sentiment, from which arises the doubt in our consciousness of the full possession of a free will, the sentiment of having had a will, which right straight went against our will, as being exhibited at a different time. In closer formulation our problem would require, therefore, a principle, being guided by which we should never run the risk of ever being at variance with our will, and the discovery of such a principle would solve the problem.

The reader will readily understand that, in order to discover such a principle, we have to aim high. It is no more nor less than the point of

unity of the mind which we have to detect, the central spot of the harmony of all things, where in the full accordance of their understanding all contradiction and falsehood is eliminated, and the agreeing of the world with itself established.

Seemingly the task involved in such a research is not within the reach of such concise demonstration as that of our present doing. But by virtue of abstract thought and the anticipating advantages of its generalization of salient points, we are granted a way to put forward a solution, for the aforesaid point of harmony of all things and the accordance of their understanding by the elimination of all error and falsehood, we happen to possess in TRUTH. Truth established as the never varying principle of the human will; truth as the eternal motive of the bestirring of our will, is the exhibition of its freedom, all the doubts of its existence by arguing metaphysicians notwithstanding!

And from this it follows, that there is a moral responsibility of the individual. For, be it ever so evident, that the freedom of the will, in order to exist in reality, must in the idea, even, exclude all compulsory concomitancy, yet there is one motive, which to the freest will may be given as COMMAND. This is the MOTIVE TO WILL ACCORDING TO THE TRUTH. Because it is the very compulsory character of this motive, and no other, by which the freedom of the will is established and can within the power of man be exhibited.

But be it said in express acknowledgment of the negation of the fallacious mediæval theory of the *liberum arbitrium indifferentiæ* or the supposition of a faculty of man of shaping his will to his fancy, that the freedom of the will, in strict interpretation, is not a gratis gift of nature, but a CONQUEST OF THE MIND, and a rather difficult one at that. To this standpoint an adversary might take exception, however, by objecting, that it would be exorbitant to make the individual responsible for the truth, a responsibility which would devolve upon him, if he were compelled to never have but truth as a motive of his will. But this would be a misunderstanding of the real bearing of the moral principle. Here the old axiom of ancient classical jurisprudence holds good, *ultra posse nemo obligatur*. It is not the realization of truth in his will for which the individual is morally responsible, and which is the condition of his freedom of will, but THE IDEA OF TRUTH, not the discovery of the same, but the upright will to will according to it, not the fulfilling of truth, which may surpass his abilities, but the ambition to uphold it, something which is within reach of the poorest intellect, and indeed the weakest will, for truth may be positively followed by a simple negation of its contrary, falsehood.

This, then, is the principle to be established: There is originally in man no freedom of the will, neither in the sane nor in the insane, nor accord-

ingly moral responsibility. An infant is, therefore, legally even, not held responsible, and an adult troubled in his mind is freed from his responsibility. But man is by nature given THE FACULTY TO WORK OUT THE FREEDOM OF HIS WILL, and consequently HE MUST BE HELD RESPONSIBLE FOR THE USE HE MAKES OF THIS FACULTY, and as a matter of course the more so, the more nature made this his faculty a powerful one, so that the degree of moral responsibility is altogether different in the different individuals, a person endowed with high intellectual gifts and provided with ample outward means of their actuation being a thousandfold, perhaps, holden, where a poor outcast, under the mere moral judgment, passes scot-free. And this leads us to a view which now already for thousands of years has been practically sorely neglected, all the theoretical thundering against such neglect notwithstanding, and the disregard of which in our own times begins to be a pathological condition well worthy to be drawn within the compass of psychiatric consideration. It is the entirety of mankind, by humanity, society made solid by the love of its members to each other. It is now already nearly two thousand years that Christianity has been taught, and fifteen hundred that Christianity was invested with State power to force the world under its *credo*. It is in the remotest dark of history that linguistic research dates back the establishment of the moral principle of love, which, contrary to the Christian claim of priority, was already a commandment of the original Mosaism.* But as much as ever, if not more, egoism is the rule in the sociable, the economical and the political relations of mankind, and society in our days, instead of being by the results of the work of institutions of love furthered on the road to moral solidification, bids fair, by the prevailing exuberance of individualism, to be atomized, split up in contentious fractions and fractious dissolution.

The axiom of a people which was itself decomposed from lack of ideality, and never indeed attained other greatness than that of bulk; an axiom, moreover, which by its authors was never intended as a moral one, but only to answer practical purposes of jurisdiction, is by the leading powers of what is vaunted as civilization held high as the pith of the latter, and lived as the gospel of eternity. This axiom is *Qui suo jure utitur neminem laedit*. It establishes as a virtue the deliberate negation of the Christian principle; it neutralizes, so to speak, the fruit of the humanizing development in the biological climax, the cortical self-consideration of the animal organization, and turns at its very edge downward again the grade of the evolution of matter: while all our modern progress and mostly our recent discoveries in natural science revealed as beyond doubt the fact of material brotherhood of man-

* It is found Leviticus, xix. 13, 33, 34, Deuteronomy, xxiv. 19.

kind, the axiom of antique jurisprudence takes the view of the old ignorance and unrefined observation of nature in clumsy restriction of intellectual research, and draws a line between man and man, scarcely less stringent than that between mind and body, and establishes the principle of warfare between agencies which by nature never were intended but for a common end. They squandered the wealth of a world for murderous contention, and submitted one generation after another to the infirmity of misery and suffering, where the simple device of mutual help might have created immeasurable riches, and boundless means of outward happiness and inner bliss. It is the children already, who are taught that they may consider themselves free in their conscience, if they only live the negative virtue to not infringe the law, no matter how a fellow-being may suffer by their standing on their bond.* Like Shylock, they content their moral consideration by the reflection, "what judgment shall I dread doing no wrong?" and do not educate their hearts to the cognition that

The quality of mercy is not strain'd;
It droppeth, as the gentle rain from heaven
Upon the place beneath: it is twice blessed;
It blesseth him that gives, and him that takes.†

For the society of the Christian nations of the earth of our own time, it is only one contrivance which keeps down the murder in society. This is the murder by society. And deepgoing scientific investigations are being instituted, the sagacious council of the most learned Christians, and Jews to boot, invoked, to solve the humanitarian question, how such murder can be most benevolently inflicted.

Strange discrepancy of historical development! While our time is exhibiting, in the fruit which it ripened in its social relations, a morbid relapse into the atomizing individualism of decomposing antiquity, there was never a time, which possessed more fully, in the achievements of its contingent scientific armature of men and implements, a more conclusive evidence of the unitary intimacy of society, the very foundation of its macrocosmic ideas in the atomicity of chemistry tending to cement by consistent unity of matter the postulate of universal love and sympathy. Practically and in dogmatical theory, or, we should say pragmatically, all the agencies of society are on the warpath, arraigned against each other as alien, not to say alienated powers, hostile from disparagement of blood and character. Scientifically, biologically, however, that means to say, from a higher standpoint, the point of view of universal outlook and a survey reconciling all contending points by its magnanimity, there is nothing more absurd than hostility among men, or contention over the treasures of the earth, for there is nothing in the world which is surer to destroy these

treasures and prevent their accumulation, than inimical relations among men, nor anything which in its substance is more akin the one to the other than man, the very means of division, individuality, being, in nature, the instrument of union in harmonious understanding. While in former times it was a mere hypothesis which set down man as emanating from the earth, expressed almost humorously only in the proverb "dust unto dust," it is in our time by strictest research as a palpable experimentally proven evidence demonstrated the truth of substantial oneness of all mankind. But this very materialization of the idea of humanity is denied, by a coarse-grained, unpoetic caprice of our time, its noble character. Out of misunderstood utilitarianism this sensible realism is decried as deprived of all gentle feature, and morbid longings entertained for an idealism of the past, which on close scrutiny is nothing than a hyperbolical expression of poetical ignorance and the arbitrary delineation of deceitful imagination.

In former times the love of man towards any creature save himself could not sensibly be and was never anything than a stern commandment. From the height of knowledge which is imbedded in the principles of natural science it is a relation of man towards man, which can be proven as the conclusive deduction of common-sense in human self-consciousness. In former times idealism was the rare fruit of still rarer heads, a flower which, like the century plant, bloomed as a unique manifestation of nature's parsimonious generosity. In our times idealism is the foundation of philosophy; there is no more complete agreement between metaphysics and natural science than in the axiom of metaphysics, that an object, and consequently, indeed, the whole world, is the conception which one forms of it, and that of natural science, which sets down an action of the brain beyond the strict line of physiology as the condition of the metabolism which in the brain matures out of a sensation a perception.

Our time is, therefore, ripe for moral reform.

The moral responsibility of man, in exclusively individual intent and strictly personal interpretation, leads to despair, and is unfailingly eternal condemnation. Moses taught that the sins of the father are visited upon the children unto the third and fourth generations, or, allegorically expressed, when the fathers have eaten sour grapes the children's teeth are set on edge; the terrible struggle in the Grecian tragedy of its heroes against the dread inexorable destiny which was their unavoidable fate; the horrid doom of the soul in the Hindoo belief of perpetual re-birth of all mortals as a punishment for the sins of a former life, they all are no more nor less than a superstitious expression of the simple truth, which in no language sounds more weighty in its self-evidence than in the military-march-like idiom of

*Shakespeare, Merchant of Venice, 4. 1.

†Id. I. c.

the ancient Romans: *facta infecta fieri non potest*; things that are done, are done, and can never be undone any more. The dogma with which the Christian doctrines, therefore, tried to console its believers, was the pardon of sin by an alleged power which stood higher than the facts in the world.

Modern science, in its application to moral philosophy, it would appear, stands again before the Sphinx of social life, missing the wand to make it speak the releasing word. But what in heathenish antiquity and in Christian revival the eccentricity of an ideal apotheosizing was inadequate to perform for the individual, our strictly scientific arguing accomplishes, by giving the individual its right place in society, and reflecting its responsibility upon the latter. The individual roots with its being in society, and society, as a matter of course, or of equity, enters with its share of responsibility. And as here, to the same degree as with the individual, the maxim obtains, that prophylaxis is preferable to cure, it is in the behaving of society towards the individual, by education, guidance, elevation, that the dire doom is mitigated to which the individual is exposed at the hands of unrelenting fate.

Thus socialism?

Never! Socialism is subjugation, and we want freedom. Socialism forces into a system. We force unto the freedom of the will. The power by virtue of which socialism pretends to overcome all difficulties is discipline, outward compulsion. The power by which we aim to establish happiness is love, spontaneity. There is no human quality which by socialism is more utterly annihilated than independence. Than independence, mental selfhood, there is no human quality which by our proposition is more apt to develop into gratifying beautiful proportions.

Socialism is right enough in its negative critique. It is an absurdity in its positive propositions of reform. The socialistic theory complains of the actual fetters of society, and to release of these fetters it invents a system the very idea of which is fettering, binding all future development, in a mummification worse than ever were Egyptian castes, upon an invention of the present. The adherents to the socialistic dream revolt against the supremacy of privileged classes bearing down the poor, and the remedy, which their dream of happiness conjures up in their morbidly excited imagination, is an extension of the mental misery from which they suffer to all those who so far escaped the despotism of those privileged classes. The so-called laboring classes, by which illegitimate generalization a special branch, the laborers of manufactory, designate themselves, as though besides themselves laborers there were none on earth, suffer by a tyrannizing industrial system, in which all independence is stunted in the outset by an illimited sway of capital, and the remedy, which they devise

against such tyranny, is a system where the very breakfast-table, to begin with, is never more subjected to individual will and pleasure. The industrial laborers rightly criticise the iniquities which are enacted by the power of legalised corporations, and the remedy they plan against these iniquities is, to make out of mankind one single corporation, pick out as the releasing form of human organisation the very organism which is known now as the moil of humanity.

There is a book out with the title, "Looking Backward," by Edward Bellamy, which by a superficial critique is considered to be an illustrative strengthening of the socialistic theory.

Nothing more illusory than this opinion. The book, if not explicitly, is implicitly an endorsement of our standpoint. The means of which Bellamy avails himself to make his narrative possible is, what in scientific literary language is called a *petitio principii*; in his book all the agencies which act toward the desired end are—virtuous. Now, then, how do they get so; how is this most desirable of all ends brought about? Bellamy, in order to flatter the socialistic prejudice, gives as cause the taking of society to socialism. But this is an absurdity, not to say sneaky psychology; it ignores willfully the weighty truth that the freedom of human will, in which and from which only moral reform can be borne, is not a gratis gift of nature, but a conquest of the mind; it lets morality, virtue, instead out of an individual effort of the mind, soul and intellect, result from the establishment of a mere outward form; the highest aim of striving humanity and the deepest intimacy of exerting man, from a petty arrangement of the more inferior points of human life.

There could not have been written a book more convincing, for those who want to see, of the fallacy of the socialistic hypothesis, than "Looking Backward," by Edward Bellamy, and well may the socialistic leaders, with regard to it, say:

"May friendly fate preserve me of fair friends,

And I don't fear to face my fiercest foe."—(Schiller.)

It is an admirable talent which the author of "Looking Backward" displays, in showing that the socialistic system of utter abolishment of individuality, and of the merging of the same into the uniformity of general equality, in want and affluence, in wealth and penury, in eating and drinking, working and loitering, studying and recreation, is impossible, except by complete elimination from among the springs in society of egoism, and the installation, as sovereign ruling powers, of love and virtue. But there is no greater fallacy than the one on which Bellamy's book rests, that there can be found a system, or that the socialistic system be one, which eliminate egoism from among the springs of society, and establish love and virtue as the ruling power, quite *machinalement*, without any moral

leverage of man. The contrary is the truth. Eliminate egoism from society, establish love and virtue as the ruling powers, and—we may leave it as a pastime for lunatics to make systems for society.

GENERAL PARESIS.

By A. F. TRAFFORD, M. D., RED BANK, N. J.

THERE seem to be special reasons for increasing the public attention to the ravages of this disease. In the cases that I have had, I have found reason to believe that for any considerable amount of relief, aid must be sought outside of the medical profession, at least, to the extent of efficient co-operation. There are diseases of the brain which may be mitigated and even cured by medicine; but such as are not produced by physical causes frequently set therapeutics at defiance, and there are not wanting evidences that such are the causes of most of the brain diseases now prevalent.

The last census showed an increase of lunacy at the rate of 155 per cent. during the preceeding ten years, while that of the general population was only 30 per cent. Subsequent reports from asylums and otherwise show rather increase than diminution of this vast disproportion. In Great Britain, in late years, an increase of lunacy has also obtained, but incomparably less than in this country.

Lunacy is not in a medical sense contagious; but so long as a patient is at large his actions and conduct are distracting elements to all around. That in its spread, not only lunacy, but crime, poverty and distress increase, is indisputable. In the brain diseases mostly now prevalent, the patient has no violent symptoms, and is not subjected to medical treatment till it becomes most ordinarily inefficacious for cure.

The brain is the most delicate and important of all our organs and easily diseased. The brightest mental capacities seem the most exposed.

"Great wit to madness nearly is allied
And thin partitions do their realms divide."

Self-deception is uniform with the patient. He gets and gives no warning. He sees no symptoms, and when others do, scouts them with indignation. The disease has generally acquired mastery before it is understood.

The brain pre-eminently needs healthful training, nurture and exercise. A feverish condition is its bane. May we not trace causes for increased lunacy in fast living, absorbing and unremitted devotion to business, gambling and speculation, wild and bad literature and excitement of all kinds? May not even the rage for office and inflammatory politics have something to do with it?

We know that physical tastes are developed for the most disgusting and poisonous things—ar-

senic, the betel-nut, opium and even human flesh. Bad conduct of the brain is more irremediably injurious than bad conduct of the body.

If the suggestions thus cursorily presented have any value, it is apparent that any considerable relief is not to be hoped for, without powerful action embracing much more than the medical profession, indeed the whole public and especially the eminent journals and the lights of moral, social and political science.

The physical wonders of the present age may be attended with equally unprecedented dangers. The minds of men have been much withdrawn from the moral and elementary principles of social prosperity and happiness, but when the public mind is settled, as to the root and nature of the master evil and its dangers, measures will be taken to avert them; and every effort to bring about such a settlement of the public mind is meritorious in intent, however deficient in utility.

CARBO VEGETABILIS.*

By J. T. KENT, M. D., PHILADELPHIA.

CARBO VEG. starts out with a general mental sluggishness that belongs to most cases of venous stagnation. Sluggishness of the mind, slow thinking, irritable, slow train of thought; he wakes up in the morning greatly aggravated in his mental state; and most of the carbo veg. symptoms have more or less aggravation in the morning; the longer he sleeps the more tired he becomes and he wakes up with great fatigue. The face is flushed, purplish and cyanotic, and the veins of the eyes are injected. We find disorders of the liver, because we know what a venous organ the liver is. It is because of the venous or portal stasis that we have hemorrhoids. Sluggish circulation of the blood back to the heart gives us enlarged veins of the lower extremities, and particularly do we get carbo veg. conditions in persons who sit very much. The veins become sluggish and the individual is made better by elevating the feet and always wants to put his feet upon the desk. You will find this condition in student life and among others of sedentary habits.

Now in what complaints do we find such conditions useful, and why and how is this correspondence of the spheres brought about?

Well, if we are going outside of carbo veg. to produce such a state of affairs, we would put the patient upon a diet of highly spiced and highly seasoned food and give him plenty of wine and no exercise, and then let him over eat and these would produce a similar state of affairs. Nature in undertaking to throw off the surplus force from the spices, pungent drugs and over eating, gorges the veins, and we find over eating produces dilatation of the veins, and we have venous stasis all

* An abstract from the *Medical Advance*.

over the body. Then it is that carbo veg. is said to be indicated. The good liver, persons who live on rich food and eat a great deal of butter, belong to this class, hence it is that carbo veg. is given for the disorders from over eating, high living, butter eating. There is a disordered stomach from over eating, with great flatulence; the belly distends with gas with much pain and uneasiness in the abdomen; the portal system is distended because it is a venous system, and there is a large amount of belching and passing of flatulence both up and down, which momentarily gives relief. By this it is distinguished from cinchona. Then why is carbo veg. not entitled to the key note, "complaints of high livers," and those who gorge themselves at the club with late suppers.

The stupor and collapse runs through the mental symptoms and there is a large amount of dizziness; he gets up in the morning dizzy, he gets up very sleepy and dizzy at any time; he has to shake himself, and rouses himself with an effort to think clearly; he is stupid and sluggish, and after moving about yawning, exercising, and shaking himself, he seems fitted for a day's work; every morning he feels badly; his stomach is foul, known by the bad taste in his mouth, belching, sour and rancid eructations. The stomach disorders in which carbo veg. is commonly indicated, come on from eating decomposed and tainted meats.

Carbo veg. produces stasis in the veins of the brain, particularly of the basilar portion, where we have the headache very commonly located with violent throbbing pain.

In the disorders of breathing where carbo veg. is indicated, it is often associated with pain in the base of the brain; asthma and whooping cough are also associated with pain in the base of the brain. Now it is pretty well established that whooping cough is not a disease of the respiratory organs; its location is in the base of the brain and it is primarily a nervous disease, and the expectoration and disorders of respiration come on secondarily. Carbo veg. goes to the seat of this trouble *when the symptoms agree*.

Violent tearing in the forehead at a small spot near the temple, about the eyes, or through the forehead, associated with this sluggish condition of the mind; he can not think, loss of memory, confusion, intoxication, staggering, dizziness, pain in the forehead, all go together with his flatulent stomach.

We have vesicular, scaly eruptions upon the scalp, that become watery; viscid, watery formations beneath the crust growing out of it; hence it has been useful in tinea capitis or scald head. The scalp is very sensitive. This was a characteristic symptom of many of the provers. Great sensitiveness of the scalp; soreness of the scalp as if bruised; soreness of the periosteum; the hair falls out.

Burning is a characteristic of carbo veg. Burning in the eyes, lachrymation; burning associated with bloody and watery discharges. This would make you think more closely of arsenic, but a heated room very much disturbs carbo veg. in most of its symptoms. The patient wants to be in a cool room, he is oftener chilly, but the warm room does not comfort him; he wants to sleep in a cool room; he likes the open air; the headache is made worse in a warm room.

Now this feature of burning,—in the eyes, nose, throat, stomach, lungs, rectum, skin, in ulcers, in eruptions, after scratching—places it in comparison with arsenic, secale and tarantula as a remedy for burning sensations; burning everywhere.

The ulcers have bloody discharges. The tissues have the real characteristics of what are known as scorbutic conditions, a term belonging to the old pathology, and it is hard work to get rid of it. A condition of the gums, they recede from the teeth, bleed easily, and there is a watery discharge from the mucous membrane; the teeth become loose and drop out of their sockets. We have another scorbutic condition in the weak ulcers with copious bleeding—I was going to use the word fraudulent granulations—a pretty good word. They are coarse and stand out in bold relief—the granulations are red, easily inflamed, very tender, bleed easily—bleeding, varicose, weak ulcers, no matter where located, but particularly upon the lower limbs. Carbo veg. is one of the leading medicines. If you have a varicose ulcer with burning, stinging, ragged edges, reddish, bloody, watery discharges, black in spots like arsenicum, the edges reach out over the ulcer or are undermined, think of carbo veg. Every little while a new vein will ulcerate off, and it will bleed easily and profusely. Bleeding is common with carbo veg. Oozing everywhere; bloody discharges from the eyes, the ears, the ulcers; bloody saliva; vomiting of blood; oozing of blood in the stomach, protracted, not generally so copious; protracted oozing, bloody and watery discharges from the uterus; bloody urine; bloody stools; all in keeping with the venous condition of carbo veg.

Another grand feature of carbo veg. is the putrid condition that attends its discharges; foul, putrid breath; putrid discharges and large crusts from the nose; copious expectoration, tasting horribly foul, and terribly offensive, it is putrid. Putrid discharges from the ears; offensive stool composed of mucus and blood, thin mucus; very offensive menstrual flow. These things stand out in bold relief and give you a general idea of the characteristics of the remedy; discharges that are not offensive would be the exception in carbo veg.

In old discharges from the nose, old catarrhal conditions of offensiveness, crusty formations, greenish-yellow; bloody discharges from the nose; persons subject to epistaxis—the carbo veg. subject is always taking cold in the nose, always or

frequently, has a coryza. The carbo veg. subject is always sneezing whether he has a coryza or not; copious, watery discharges from the nose and it may involve the eyes with lachrymation. The cold commences in the nose as a coryza, and finally extends down the larynx; the tendency is downward.

The carbo veg. face in addition to being purplish and bloated is sometimes waxy and pallid, and it is very commonly a sickly countenance. It becomes very pallid in certain conditions, those of collapse; cold, death-like, pallid, hippocratic; the nose becomes as cold as ice, and the tongue when projected feels icy cold. Veratrum also leads to this condition of coldness and collapse.

Morbid longings run through this medicine. While carbo veg. longs for salt things, he is often made worse, for salt things, salt ham, salt bacon, disorder the stomach as quickly as anything, and yet he craves salted things; he craves things that make him sick. This is not new among cravings. The old toper craves whisky, that which does him most harm. Chronic cravings are not to be indulged but to be antidoted, for the bad effects from the abuse of salt, and salt meats, is a well established characteristic symptom.

There is nausea, vomiting, and a great many stomach disorders, attended with flatulence and distension of the abdomen, with eruptions or passing of flatus; uneasiness, meteorism. The flatulence belongs to the general features of the drug. The offensiveness is horrible with acrid, corrosive moisture from the rectum; gnawing in the rectum when at stool.

Carbo veg. has wetting the bed, and when you have that one symptom only to prescribe on you will be annoyed, because so many remedies have the symptom, "wetting the bed at night," that you must look somewhere else for the guide. Wetting the bed in the first sleep, sepia; but many children wet the bed in the first sleep and are not cured by sepia, and sepia is not indicated at all. We see plenty of gentle little girls that require pulsatilla for wetting the bed. You can find many remedies for involuntary urination during the night. It is a common feature, that the child dreams that it is urinating. Boys who get to be thirteen, fourteen and fifteen years old do this, and it is a wonderfully annoying symptom. Well, if you simply hunt up the symptom "wetting of the bed," you will find many remedies. But you will not succeed in practice if you do not know the symptoms well enough to generalize about them. Now, if you will enquire into the carbo veg. case you will find that he is worse in the morning, after his first sleep, that he is flatulent, and that his mother permitted him to eat anything he wants. Study into his diet, and you will see that the child has been permitted to eat anything, enough to make a carbo veg. condition. Carbo veg. will cure that child. And the other symptom which is

the only one you have been consulted for, and really the one of the least importance in finding a remedy to cure, will pass away probably last, but will pass away after the child is cured, and after the child is pretty well restored to health. Fat, lazy boys, too lazy to get up, wet the bed.

Of the sexual organs of both male and female the symptoms simply lead to that of general weakness, hardly anything specific; burning in the vagina; varicose veins upon the vulva, aphthæ and itching of the vulva; these symptoms are in keeping with those that I have described. A leucorrhœal condition in the morning on arising, and not through the day.

The next most important feature, is its connection with the air passages; the coughing and the breathing for which carbo veg. is especially suitable. A condition that might be named is humid asthma. You come to the bedside of a patient; there is the asthmatic breathing, the patient sitting up in bed, greatly aggravated by lying down. The nose is pinched; the face is covered with a cold sweat, hippocratic; on either side of the bed will be a person fanning—with the windows opened; rattling, asthmatic breathing, and you would not hardly need to ask a question. That patient must have carbo veg.

There is also a bronchial condition. You may put your ear to the chest and sometimes you will hear across the room this mucous râle showing that the bronchial tube is filled up with mucus. This individual recovers from this asthmatic attack, as she calls it, and becomes very comfortable; the next cold comes on, begins with sneezing, but it does not stay long in the nose; there are watery discharges from the nose for a few days when she is down with this humid asthma. Sometimes these cases are most violently sick; they frighten the neighbors and the friends think they are going to die; it is a very frightful and distressing case, but carbo veg. will tide that patient through; it is then the acute acting medicine to that condition.

A special feature of carbo veg. that you may find in asthma, lung troubles, bronchitis and whooping cough is the incessant gagging cough in the morning, compelling him to vomit everything in his stomach immediately after breakfast.

THERAPEUTICS OF ACUTE CARDITIS.*

BY A. K. CRAWFORD, M.D.

FOR acute carditis, whether it is peri-, endo- or myo-carditis, aconite stands as the first and foremost remedy. It is, inversely, as important a remedial agent in acute cardiac disease, as it is unimportant in croupous pneumonia. Its pathogenetic effect upon the heart is to set up pericardial inflammation or to develop the endocardial changes which give rise to murmurs at the mitral

* An abstract of a clinical lecture in the *Clinique*.

or aortic orifices. It is, therefore, of use in the primary stage when attended with febrile movement, and also when the local mischief is still progressing after the subsidence of the constitutional disturbance. It is, preëminently, a sthenic form of the disease which calls for aconite. This state is easily determined when the fever is marked by an elevated temperature, a full, bounding pulse, dry skin, restlessness, and anxiety of mind. But when several of these elements have been wiped out a sthenic form of inflammation may still be in progress, and the guiding symptom will then be found in the maintenance of the equilibrium of the circulation. The heart and pulse will be fairly synchronous with each other, and those secondary effects of an overtaxed organ, such as venous engorgement and congestions, will be long in making their appearance. Under these circumstances benefit will be derived from the continuance of aconite for a period of several months. In this affection the much-thought-of and much-talked-of aconite, as a remedy useful only in the onset of the acute diseases, must be considered in the light of a beneficial agent for both the sub-acute and chronic conditions.

We might almost say of digitalis that it stands as the antonym of aconite in acute carditis. The lesion under this drug progresses in the most insidious way. It is a latent inflammation from the first and very early develops signs of asthenia. There is marked embarrassment of the respiration, with a weakened peripheral circulation. The face becomes puffy and of a bluish hue, and although the countenance is anxious, as is usual in heart disease, there is none of the restlessness observed under aconite; but instead, a passivity and disinclination to move. The engorgement of lung tissue often gives rise to bloody sputum, not at all like the *rusty* sputum of pneumonia. A sphygmogram will show developing diastolic long before it can be detected by the finger, and on this evidence alone I have demonstrated in the hospital the efficacy of digitalis, in a dilution, a few days sufficing to eradicate all traces of the capillary and cardiac atony.

In pericarditis digitalis is indicated when the friction murmur soon disappears, in consequence of an early and copious serous effusion. The action of this remedy here is witnessed chiefly upon the renal function. The tone being restored to the circulation, the kidneys secrete abundant urine, and the effusion in the pericardial sac becomes absorbed.

By analogy bryonia should be a good remedy in cardiac inflammation, because it affects serous surfaces so readily; witness its action in pleuritis and in inflammations of the joints, with their attendant serous effusions. Nevertheless it is a poor heart remedy, and had better be employed only as an intercurrent when complications are present. If the patient should suffer a relapse into articular

rheumatism during the course of a heart affection, or, if the heart malady is consequent upon, or complicated with a pleurisy, or pleuro-pneumonia, then bryonia may be of value until such extraneous troubles are disposed of, but not beyond that.

In spigelia we find an excellent cardiac remedy with clear-cut indications. Carroll Dunham says of it: "It comes after aconite; competes with bryonia; precedes spongia and lachesis, arsenicum and lithium." It is valuable in rheumatic endocarditis and pericarditis. It is always attended by characteristic pains, violent and stitch-like, and nearly always left-sided. In the left-sided facial neuralgia of this drug the fifth cranial is the nerve involved, but in cardiac disease the pains under the clavicle and at the xiphoid cartilage show how deeply the phrenics are implicated, and the dull stitches synchronous with the pulse point to the involvement of the root of the aorta. The stitch-like pains are so severe and so persistent as to arrest respiration and to cause extreme alarm to the patient. Attendant upon these symptoms, will be observed violent pulsation of the heart, and a marked aggravation of both the pain and heart's action when the patient attempts certain movements. A heavy, pressing, painful load is also felt in the præcordia, giving rise to a sense of constriction and anxiety. With such symptoms before you the spigelia may be prescribed with a well-grounded confidence in being able to relieve them.

That rheumatism plays a very principal rôle in the production of organic heart disease was indelibly stamped on my mind early in my medical career, through my proclivity to visit hospitals at any time and anywhere I might be. In going through a ward devoted to rheumatic subjects the house-physician drew my attention to case after case presenting cardiac murmurs. So you will require to be constantly on the alert for this complication, and be ready to meet it, and to advise the proper course to be pursued subsequent to the relief from the joint and muscular disability of such unfortunates. When still under the influence of the acute malady the family of gouty and rheumatic remedies will be the proper one from which to choose a medicament to conquer the initial trouble. The chief of these remedies are aconite, bryonia and rhus; colchicum, ledum and rhododendron; kalmia and spigelia. Some of these are like the bryonia, in that they have no specific action upon the structure of the heart, but they each have their defined symptoms, and, when properly chosen, will dissipate the abnormal condition of the blood which perpetuates the rheumatoid state, and plays the mischief with the heart. Such a remedy as rhus is too well known and too well verified in rheumatism to require comment. Its action, likewise, in typhoid fever, as well as typhoid conditions in sthenic fevers—scarlatina for instance—makes it a prime drug in

many instances where heart lesions are prone to develop. But having accomplished the relief from these characteristic symptoms, by its use, I can not conceive of its being of further benefit in carditis and its sequelæ.

When the point is reached where the heart disease is the chief, or possibly the only morbid state remaining, the lesion is beyond the reach of rhus, the time for its usefulness has gone by, and we must look elsewhere for remedial aid. Colchicum extends its action a little beyond rhus in relation to the heart, for hydro-pericardium is a state sometimes witnessed in its accidental poisonous provings. Yet this condition is but an example of its tendency to dropsies. Therefore its application must be to a limited number only of pericardial cases, marked by concurrent dropsical conditions, profuse sour sweating, paresis of the extremities, in a gouty or latent rheumatic subject.

Only one other remedy in this group will be specialized to-day, and that one is *kalmia latifolia*. It somewhat resembles colchicum and rhus in rheumatism, and like rhododendron and ledum, it is excellent for reducing a rapid pulse. But more than all these remedies combined, it acts beneficially upon the rheumatic heart, oftentimes to a marvelous degree. Its provings do not show it to be a superior cardiac remedy, but its clinical use has proven its efficacy in this regard. It has completely outstripped its pathogenesis, and we regard it as one of our most valued remedies in organic heart disease. In 1843 Dr. Hering conjectured that *kalmia* would be an important remedy in heart diseases alternating with rheumatism, and nine years after when Dr. Okie cured two cases of organic disease following upon acute rheumatism, the original prover was greatly elated over his happy guess. Many of you have seen this remedy prescribed in our hospital, and I can assure you I have witnessed cures there in consequence of its use. The *kalmia* patient has no tenderness nor swelling of the joints. His rheumatism seems to be of a muscular character, and is attended with severe pains, and great lassitude of the limbs—especially the lower. These pains, too, have a characteristic way of involving a whole limb, from the hip to the heel, or from the shoulder to the fingers, and move quickly throughout the parts so affected.

The *cactus grand.* comes into play for certain of the heart cases which the *kalmia* seems just to miss. Those valvular affections arising from articular rheumatism, where, in the acute stages, rhus and colchicum had been thought of, and possibly prescribed, this remedy finds a particularly hopeful sphere for action. The subject may be of a gouty diathesis. Like the *kalmia*, the heart's action is rapid and liable to severe palpitations. But from what I have seen of these cases I should judge that the *cactus* heart was the more constantly boisterous of the two, being found in a

more nervously excitable individual. The heart's action is so intense in such patients that the whole præcordial surface heaves with the pulsations, and he frequently complains of the sensation of an "iron band around the heart." It seems to me that Jousset condemns his own practice of administering *cactus* in the tincture, when he tells how, time after time, the drug in this strength aggravates the symptoms. In my use of it in the 3 x or 6 x dilution no such trouble has appeared, to be contended with. And there stands in the hospital records a perfect cure of a case in which *cactus* and china were the remedies used, both in potencies.

It was during the winter in which the clinics were being held in the college building, on account of the hospital having been burned down, that this man came for treatment for Graves' disease. The three hypertrophies of this complaint were only too easily demonstrated in this case. The bulging eyes, the enlarged thyroid, and the hypertrophied heart were evident to every student who saw him in the sub-class room. And a loud blowing intra-cardiac murmur gave evidence of the deranged mechanism of the circulatory organ. His liver was greatly enlarged, and his skin was somewhat jaundiced and greasy to sight and touch. Unpromising as the case appeared, with that never-ceasing and rapid pounding of the heart, and visceral congestions, the patient went on improving steadily under the two remedies mentioned, until the skin had assumed a healthy condition and hue, the liver retracted, the irritability of the heart ceased, the hypertrophy disappeared, and with it all signs of a valvular incompetence.

CLINIQUE.

IODIDE OF POTASH IN SYPHILIS.*

BY CLINTON L. BAGG, M. D., NEW YORK.

THE subject which I have chosen for discussion this evening, is the use of Iodide of Potash in Syphilis—not that I think I can bring any new features to bear on the subject, but to call out the experience of those present.

By some writers on syphilis, pot. iod. is only advised in the late or tertiary stage of the disease, while by others it is extolled in the early manifestations, and many commence at once a vigorous mixed treatment, in which iodide forms a prominent future.

Bumstead, in his work on "Venereal Diseases," says:

"The efficacy of the drug is in direct ratio to the duration of the disease, and is seldom of any use until the tertiary symptoms manifest themselves."

* Read before the Clinical Club.

In Van Buren and Keyes we find:

"The iodides are rarely of any use in the early stages of the disease. They are, however, frequently given during the syphilitic fever, but their action then is probably purely *tonic*, as they do not have any appreciable effect in cutting short the early syphilitic exanthemata. They are, however, of use in precocious syphilis, where lesions of the bone, nervous system, or deep ulcers come soon after the chancre."

Hammond, in his work on "Venereal Diseases," says:

"Iodide of potash exerts more influence over the tertiary than the secondary stages. Commencing with gr. v. three times each day and increasing to twenty grains if it can be borne. Even that amount may be exceeded if deemed advisable."

Ringer says:

"It is of use in the secondary and tertiary stages of the disease, especially the tertiary, where mercury may do harm. When the health is broken, where mercury has been taken without good results, or where the bones are diseased."

Otis says:

"That it is in the gummæ, or stage of lymphatic obstruction that iodide of potash is of most use, probably through the alterative and absorptive action of the iodide."

In the administration of this drug much has to be taken into consideration.

1st. The stage of the disease and the inroads it has made.

2d. The condition of our patient physically as well as mentally, peculiar idiosyncracies, etc.

If given with discretion and a firm intelligent hand, there is no drug in the pharmacopœa which for a while will yield such brilliant results, not even quinine in malarial infection, or antipyrine in pyrexia.

The division of syphilis into primary, secondary and tertiary, is simply theoretical to more easily distinguish the inroads of the disease. Yet even in the so-called "secondary" stages we find signs of the tertiary cropping out, as gummæ and tubercles, in fact, a rapid running of the disease into all the viscera nervous system and periosteum.

Especially is it so in those who are broken down from dissipation or have a marked strumous diathesis.

It is in such cases that potass. iodide is of decided benefit in the early stages, and where its specific action is forcibly manifested. In such cases to have it of special importance, there must be that rapid cell proliferation with ultimate destruction, the result of lymphatic abstraction. In the treatment of the early syphilitic manifestations mercury holds the principal place, but in the above conditions the iodides are of unquestioned energy.

Works on materia medica and therapeutics give

iodine as an antispasmodic, alterative absorptive and tonic, and strongly advise the potash salt in the later stages of syphilis.

The union of the iodine with the base potash greatly enhances its activity, as we get a more decided action by the combination than from iodine alone. As such a combination it has a powerful action as an absorptive, causing a rapid fatty metamorphosis of morbid cellular elements and a sweeping away of the same from the economy. After its entry into the system, it is rapidly eliminated by the skin, glandular organs and mucous surfaces, and can be soon detected in the tears, milk, urine, etc.

It has a powerful action in resolving the mercuric albuminoids deposited in those who have been under a prolonged mercuric course, thus frequently causing violent salivation when first taken by such subjects. With many, when given in large and repeated doses, it produces a loss of appetite, with gastric and intestinal symptoms. The movements from the bowels being loose and watery, containing blood and mucus, and accompanied with colic pains and much tenderness. A multiform eruption will make its appearance upon the skin, and there will be a profuse discharge from the eyes, nose and throat, accompanied by a feeling of heat and fullness. With some it will produce a profound depression of the nervous system, probably through the dispersent action of the potash.

In my experience there is no time but what in certain cases it is of use, though unquestionably those lesions met with, where the disease is of long standing, are most frequently benefited by it—the so-called tertiary period—yet there are cases that have come to all of us where shortly after the primary sore has made its appearance, the whole system seems pervaded by the disease, where every vital organ is involved, and the rapid cell proliferation and following destruction threatens to destroy, or disfigure for life our patient: Where the lymphatic system is profoundly involved, where mercury has had no effect in checking the disease, and tonics and stimulants of no service. In such cases no matter whether early or late potass. iodide is of signal service and should be given with unstinted hand until the inroads of the disease are checked.

As to the amount required there is no special guide, each individual case requiring a different quantity; some cases will yield to sixty grains, while others will not yield until the hundreds are reached. I never limit myself and have given as high as four hundred grains in twenty-four hours. In its curative action I have little faith, but look upon it as a great boon, where it is necessary to arrest the ravages of the disease until we can come in with other more slow but surer remedies.

It seems that even where the tertiary lesions have been controlled and the patients gone with-

out other medical care, especially if leading a fast and dissipated life, they will surely crop out again.

I usually employ the saturated solution of the drug, where each minim represents one grain, giving from ten to sixty drops three times each day in a goblet of milk, as in that vehicle it is less likely to cause gastric or intestinal disturbance, and increase more or less rapidly as the case demands.

If the patient is much broken down from the disease and former mercurialization (and most cases are that demand heroic measures), I usually combine a strong tonic and stimulant treatment with it. If there is much coryza and lachrymation from the effects of the drug, they may be easily controlled by atropia. While the gastrointestinal disturbances usually yield to opium and subnitrate of bismuth, the skin lesions can usually be lessened by arsenic in combination with the potash.

I would like to cite a case that came under my care about two years ago. The patient, a woman of the town, contracted syphilis about two years previous, and had been under treatment at the time for about two months, or until the disappearance of the roseola, which was very slight. She had led a fast life, with the usual amount of alcoholic dissipation. About two months before I saw her, she developed a rupia eruption on the skin, with extensive ulceration of the throat and a gummy deposit on the tongue. She went to a physician who burned the ulcers and commenced a vigorous mixed treatment at once, but did not control the disease.

At the time of coming under my care the rupia was somewhat relieved, but there was still extensive ulceration of pharynx, with loss of soft palate. The mucous membrane of roof of mouth was full of punched ulcers, and in one place the bone was denuded.

I found the treatment had been hydrog. protiod. four gr. three times per day with sixty grains of iodide of potash, cauterization of ulcers and listerine mouth wash. I discontinued the mercury but continued the potash in same doses, but the disease advanced rapidly until it seemed as if the patient would lose the roof of the mouth, tonsils and a portion of the tongue.

I then rapidly increased the potash until the patient was taking 300 grains in twenty-four hours, when the disease stopped advancing, and the ulcerations finally healed up. She then passed from under my hands and I did not hear from her for several months, when I was finally called to her again.

I found she had been drinking for several weeks, very heavily, and several days previous had been taken with intense constant pain in head, especially bad at night, accompanied with slow loss of memory and ultimate partial paralysis on

one side of the body. Opium had been given by the doctor in attendance very freely without any relief of pain.

I found her condition one of partial hemiplegia, with almost complete loss of mental power; could not answer questions intelligently, and rambled much in an incoherent way when asleep; constantly moaning with pain in the head.

I commenced with 80 grains of potash three times each day and rapidly increased to 150 grains.

In six days she showed marked signs of improvement, as she was free from pain and began to recognize those about her and use the limbs more freely. In ten days she was up and around the room; and in fourteen, apparently well. I gradually decreased the potash and substituted pills of iodoform, iron, and strychnia until she made a good convalescence. Since then, though under observation from time to time, there has been no return of the trouble.

Editorial Note.—Dr. Eugene-Louis Duchesne arrives at numerous interesting results as to the action of the iodides on nutrition and their mode of elimination, which we shall briefly refer to.

The iodides have but a slight action on diuresis.

Their influence is marked by a slight increase of the urinary excretion during the period of administration of the drug, and at times during the first few days of this period only. The increase is soon followed by a decrease, which persists for ten or fourteen days after the discontinuance of the drug. Among the salts of iodine, the iodide of potassium showed the feeblest action in this respect.

The iodide of ammonium and the tincture of iodine act alike on the urinary excretion, increasing it during the period of administration, and reducing it immediately after cessation of the drugs.

The elimination of nitrogenous matters (urea and uric acid) is modified by both the salts and the tincture of iodine, though the various preparations do not act alike. Iodide of potassium augments the uric excretion during the following ten to fourteen days. This augmentation, which is always 30 to 45 grains daily, may amount to 105 to 120 grains (exceptionally to 225 grains). The tincture of iodine acts as the iodide of potassium, only more energetically.

All the preparations of iodine favor, likewise, the elimination of uric acid during and after the administration. Their association, however, and the tincture produce the opposite result. During and after the administration of these the uric acid elimination is decreased.

These observations show the impossibility of considering the iodides *en masse* either as stimu-

lants or depressants of nutrition, as some of them favor the elimination of nitrogenous matters, as the tincture of iodine and the iodide of potassium, while others retard this elimination, as the iodides of sodium and calcium.

Therapeutically, we infer from these facts that, wherever an energetic action upon nutrition is intended by intensifying the process of nitrogenous elimination, the potash combinations, or still better the metallic salt, recommend themselves. Such indications would arise in all maladies attended by a weakened nutrition, such as stone in the bladder, gout, rheumatism and others.

Germain See thus recapitulates an article on the use of iodide of potassium in affections of the heart: "The true remedy for the heart is the iodide of potassium. So far from being a depressor, as has been maintained, it is especially applicable in non-compensatory mitral or myocardial lesions, and where there is cardiac debility. It restores first the energy of the heart and the muscular tension. Then by dilating later on, all the arterioles, it accelerates the flow of blood in them, so that the heart is freed from its resistance and recovers its contractile power. Finally, by the muscular dilatation, which of course extends to the coronary arteries or nourishers of the heart itself. The iodide renders a new service by accelerating the movement of the blood, as well as by furnishing nutrition to the central organ of circulation which dominates over life."

A SIMPLE METHOD OF TREATING FISTULA IN ANO.

THIS plan is described in the following words by Prof. Joseph M. Mathews (*American Practitioner and News*): Taking the ordinary exploring probe, it is inserted into the external orifice of the fistula to determine, if possible, that only one sinus exists. Being satisfied of this fact, I then take a long, slender laminaria tent and push it gently into the fistulous sinus to the fullest extent it will go. This is allowed to remain for several hours, keeping the patient under observation during the interim, at the end of which time it is withdrawn. The procedure causes but little if any pain. The laminaria tent is preferable to sponge, for the reason that it furnishes its own moisture, which assists in its withdrawal. After this dilatation I take a urethrotome with small point; closing the instrument tightly, it is pushed gently as far into the sinus as it will go, and then, by the aid of the screw attachment, dilate the sinus. When this is done, the turning of the screw at the side of the instrument will cause the concealed knife to protrude at the distal end, according to the measurement desired. The in-

strument is then carefully withdrawn, cutting through the wall of the sinus throughout its whole length. The cut, as will be perceived, has been made subcutaneously, and the pain is insignificant. What hemorrhage takes place is easily controlled by pressure. In several instances I have turned the instrument and reinserted, practicing the same procedure upon the opposite side at one sitting. If this is not thought advisable, the patient is allowed to go for several days before repeating the operation, which is to include the other side. The advantages that I claim for the operation are, viz.: over the injection plan it must take precedence for the reason, as above stated, that the injection of any agent commonly used for such purpose does not accomplish what is desired. The sinus is lined by a thick membrane, which will in many cases resist the action of said agents; hence it is impossible to get healthy granulations. With this instrument both the top and the bottom, or each side, if necessary, can be cut through, thereby ensuring a good granulating surface, and this, too, without pain. Over the ligature, either elastic or non-elastic, it possesses the advantage of cutting through both top and bottom, or each side of this thick membranous sinus, while the ligature can not possibly go through any portion but the top of the sinus as it cuts its way out, leaving, of course, the callous bottom, which in many cases would refuse to heal, it being a positive rule in surgery in the operation for fistula established by Mr. Simon, that the bottom of all these tracts must be divided to insure a cure. Again, in using the ligature, the sphincter muscle or muscles must of necessity be cut through by the ligature if the internal opening be above them. In the operation with the instrument the muscle is not divided or interfered with. Over the knife it can be claimed, (1) that this operation dissipates all horror in those patients that dread the knife; (2) that excessive hemorrhage is avoided; (3) the sphincter muscles are not cut; (4) the patient is not confined to bed or taken from business; (5) the tissues are not cut.

In the majority of cases which I have treated by this method I have done so without their knowing that anything in the nature of an operation had been done. Exhibiting the instrument to them, the knife being concealed in its case, they have never known other than that it was a probe. If I find, after waiting a few days, that a sufficient depth was not reached, the instrument is again inserted, and the same procedure practiced. The patient is kept under observation a sufficient length of time to be assured of a perfect cure. Where pus cavities are found, or many sinuses exist, of course this operation is not advised, but in the selected cases mentioned I am sure that the advantages claimed for it will be realized. A score of cases in my practice attest its value.

I encountered many disadvantages in operating

upon the fistulous tract with the urethrotome: (1) it was too large to enter the orifice of the sinus, and recourse was had to the laminaria tent; (2) it only cut upon one side, hence required a second introduction to effect a division of both the top and bottom of the pyogenic membrane. To meet these difficulties I have had made for me a modest little instrument, which I present for your consideration, and which, for want of a better name, I call a fistulatome. You will observe that it is very small, but little longer than a good-sized probe. It has within it two concealed knives. It is probe-pointed, hence easy of introduction. In the end is an eyelet which I sometimes thread with a filiform, the object being to search out or enter any small branch that may exist when the instrument is pushed to the very bottom by the screw arrangement at the distal end. Both knives are uncovered at once. They are of sufficient length to cut entirely through the indurated membrane as the instrument is withdrawn. Patients very seldom complain of any pain. In a few cases I have injected mur. cocaine into the sinus, and then done the operation.

RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

Calcarea Carbonica in Diseases of the Nose and Throat.—In the January number of the *Journal of Ophthalmology, Otolaryngology and Laryngology*, Dr. Charles N. Cleveland, after recapitulating some of the vague and indefinite symptoms of calcarea carbonica in diseases of the nose and throat, gives some special conditions which appear to indicate the medicine: Excessive redness of the mucous membrane of both nose and throat (not a congestion, nor a chronic venous hyperemia, but rather an evenly diffused heightened color); excessive sensitiveness to local applications, especially to stimulants, absorbents and astringents. When this condition exists, attended or not by such glandular hypertrophy or sluggish resolution of inflammatory products—the results of acute attacks—as characterize the strumous diathesis to which this drug so broadly corresponds, together with the temperament and the characteristic respirations, the doctor has obtained splendid results in old, hopeless cases that had been sprayed and douched *ad infinitum* and *ad nauseam*.

Nitric Acid in Congestion of the Liver.—Dr. Tessier, in the *Bulletin de la Soc. Med. Hom. de France*, January 1, 1890, reports a case of this affection, in which nitric acid first gave prompt relief to the epistaxis, restored the urine and stools to the normal, relieved the paroxysmal pains, cleared the conjunctivæ and skin, and stopped the vomiting so that a condition which had lasted two months, was well at the end of thirteen days, with the exception of a pain around the chest on the mammary line. This was relieved by ranunculus bulb. in two days. The doctor suggests that nitric acid has been too much neglected in such cases, in deference to china, calcarea and berberis.

Castoreum in Diarrhoea.—Castoreum, according to the *Journal of Obstetrics*, January, 1890, has cured watery or green mucous stools in delicate, nervous children, who weaken under summer heat or during dentition, and who will not rally under the usual remedies. There is colic before the stool. The child seems to double up with the pain. There is also twitching of the muscles, with great exhaus-

tion. It may be found of especial use where the case has progressed well up to a certain point, and there seems a lack of nervous reaction, tending to unduly protract the convalescence.

Sarracenia Purpurea in Small-Pox.—In the *Revue Hom. Belge*, for July, 1889, Dr. Martiny calls attention to an article by Dr. Mouremans in the same journal for 1875, in which he recommends this remedy especially as a preventive of small-pox, but also as a curative agent. Dr. Martiny has confirmed its use as a prophylactic, and in one case of developed small-pox he found it to act in apparently arresting the march of the disease; the pustules did not suppurate and appeared as if aborted, or, as the original author puts it, "the disease appears arrested in its evolution." The remedy is much and successfully used in the treatment of small-pox by certain savage peoples. Coffee is a powerful antidote to sarracenia.

Valeriana in Hysteria.—Valerian has been so much abused in ordinary practice that many physicians are apt to neglect it. But it and its salts occupy a definite place in gynecological therapeutics, and especially in the treatment of hysteria (*Journal of Obstetrics*, Jan., 1890). It is not so much adapted to hysterical spasms with unconsciousness (as with musk and asafetida) as it is to a general state of nervous and vascular excitement. Both mind and body are in a condition of nervous irritation. The patient is lively, joyous, talking rapidly, with rapid chasing of thought after thought. Sometimes she imagines she is beset with dangers, or surrounding objects seem strange. She suffers from headache, giddiness, and restlessness. Her muscular organism is so irritated that she can not keep quiet; she must move about, the same state influences her pains.

The provings show twinging, drawing, cramp-like, stinging, or darting pains, all worse when she sits, and better when she walks. The circulation, too, is excited; her head feels full to bursting; constant heat and uneasiness; dry heat in the evening while sitting; flashes of heat. She is wide awake and restless all night, falling into a dreamy sleep toward morning. Digestion also suffers in the general nervous disturbance. Before dinner she has a taste as of fetid tallow, while early in the morning, on awakening, the taste is flat and slimy. Nausea, as if a thread were hanging in the throat, arising from the region of the umbilicus and gradually ascending to the fauces. Bloating abdomen.

Olive Oil in Gall-Stone Colic.—Rosenberg, of Berlin, recommends the olive-oil treatment of gall-stone colic in all cases where there are severe pains in the hepatic region, enlarged liver, typical colicky attacks, icterus with unbearable itching of the skin, loss of appetite, etc. He prescribes: Ol. olivarium, 300 grammes; menthol, 0.5 grammes; cognac, 20 grammes; 2 yolks of eggs finely pulverized. This dose he repeats in two days. Thus far he has treated twenty-one cases by this method, in nineteen of which he was successful.

Injections of Blood for Chlorosis.—Dr. Antiq, of Lyons, in a recent thesis, recommends injections of defibrinated beef-blood as a remedy for chlorosis. The fluid should be taken from animals known to be healthy. After being whipped once, it is put up in bottles holding half a litre each, a quantity sufficient for four injections, 125 grammes being administered night and morning. The bottles must be kept in a cool place, and heated on a bain-marie before using. The patient should be directed to retain the injections as long as possible. Sometimes they produce slight colic, in which case they must be preceded by a purgative enema, or, if this is ineffectual, three or four drops of laudanum may be added to the blood.

Helianthus Annuus in Marsh Fever.—M. Meminoff, (*Medicinskoje Obozrenie*) has obtained good results from the employment of *helianthus annuus* (sunflower) in several cases of marsh fever in children where quinine, etc.,

had proved ineffectual. He administered a tincture, prepared with five parts of alcohol to one part of a mixture of the flowers and bark. Dose, 10-25 drops, three or four times daily. The remedy is not unpleasant either to smell or taste, and is quite harmless.

Ulexine.—Ulexine is an alkaloid derived from the seeds of genista, or common gorse. It is crystalline in form, has a bitter taste and is soluble in water. In medicinal doses ulexine first acts as a stimulant, and then as a depressant of the respiratory mechanism; in larger doses it paralyzes respiration, slows and weakens the pulse, and finally causes narcosis through its influence on the nervous system, the muscles retaining their electric excitability till death. It has also a powerful effect on the kidneys, causing constriction, followed by a very large expansion, of short duration. Ulexine is a more powerful diuretic than sparteine, or preparations of sarrathamnus scoparius, and has been used with great success in cases of dropsy due to heart disease. As an antidote to strychnia, it not only prevents the onset of the strychnia convulsion, but has the power of checking them after they appear. The dose varies from 1-20 to 1-10 of a grain. The liquor ulexine diureticus is the only preparation to be had so far.

Hysterionica Baylahuen.—Dr. G. Baille reports in the *Bulletin Général De Thérapeutique*, February 28, 1889, the following conclusions from experiments made as to the therapeutic properties of hysterionica baylahuen. The infusion of this drug is an excellent remedy in diarrhoea, and has produced good results in both acute and chronic dysentery. It has likewise proved successful in diarrhoea of phthisical cases, and in the diarrhoea of various cachexias and cancer. The infusion may likewise be used during the employment of remedies, such as mercury, which tend to the production of diarrhoea. Given in alcoholic tincture, it does not produce constipation.

Sulphonal.—Dr. C. M. Rexford's experience with sulphonal seems to show that it is about as well adapted to one class of cases as another, and that the only reason for expecting a failure in any given case is the presence of extreme pain (*Medical Record*, March 30, 1889).

In the considerable number of cases in which this remedy has been employed, it has acted, in the main, favorably. These have been cases of nervous insomnia, and they have all yielded without any difficulty and with no untoward result. It may be inferred that sulphonal is a valuable medicine, but that it has its limitations. It is easy to take, it does not often irritate the stomach or produce ill effects. But it may fail to act as expected, and in some instances it may produce extremely disagreeable results. The dose which was at first recommended, of thirty to sixty grains, is too large to commence with. It is unsafe to give more than ten grains as an initial dose, and fifteen grains will prove a sufficient dose in the majority of cases.

Cypripedium Pubescens in the Treatment of Rhus Poisoning.—From 1877, Dr. E. T. M. Hurlburt, of Los Angeles, Cal., having noticed that cypripedium produces poison and effects similar to those of the rhus, has been using the former in all cases of rhus poisoning, and from the fact of living for five years during that time in a part of the country infested with rhus, he has had an unusually large number of cases under his care, but has met with uniform success in their treatment. He gives one drop doses of the ix dilution every hour until relieved, except in unusually severe cases, when the dose is increased to five drops. Cypripedium, he says, may also be used as a prophylactic, but not externally.

Anhalonium.—This herb (says the *Chicago Med. Times*) which is about to be introduced by the medical profession, belongs to the cacti. It is procured from Mexico, where it is known as mescale buttons, and is used by the natives as a sort of condiment and also as a sleep producer. This agent, like aconite, reduces the force and frequency of the heart, and if continued too long, acts as a general depressant. At

first the surface seems cool, but finally becomes warm, and the circulation seems very free. It produces free, regular and deep breathing without oppression, followed by drowsiness and natural sleep. It sustains the respiration and stimulates the functional activity of the heart, by increasing its actual tonicity.

It seems to produce some excitement if given in full doses to nervous patients, but in plethoric people this effect is not observed.

In angina pectoris, asthmatic, dyspnoea, or dyspnoea from heart failure it produces excellent results. As the cactus grandiflorus is a superb special sedative under certain circumstances, this promises to be even superior. It has a direct action on the feeble heart, irregular and intermittent. It well deserves a careful investigation.

Inhalation of Compressed Air in the Treatment of Pleurisy.—Prof. Forlanini (*Gaz. Degli Ospitali*) strongly recommends this treatment, chiefly with a view to promoting the expansion of the compressed lung after the fluid has been evacuated. Even in tubercular cases, which the author considers form more than half the cases of pleuritic effusion, much good is obtained, for the compressed air treatment increases the appetite, and the sense of well-being, promotes tissue change, and generally improves the condition of the patient. The difficulty has hitherto been the complexity and costliness of the apparatus, but Forlanini has devised a more simple form. The difficulties in the nature of giddiness, palpitation, ringing in the ears, etc., are simply questions of dose and skill in administration, and are not drawbacks inherent in the system.

Robinia.—Dr. A. D. Fisher (*Med. Counsellor*) says: "Among the many remedies overlooked in practice is robinia. It is the only remedy that, in my hands, has ever modified the intensely acid vomiting in cancer of the stomach. In four cases of this disease—diagnosis confirmed by autopsy—the robinia held this acidity thoroughly in check, and did much to ameliorate the sufferings of the hopelessly sick. In many cases of acid dyspepsia it has been highly curative. I have used the third dilution."

Injurious Effects of Antiseptics on the Teeth.—Blochmann reports (*Deutsche Med. Zeit.*) a series of experiments which show that the fashion of using the prominent antiseptics in tooth preparations is injurious. Small particles of dentine were submitted to the action of one per cent. solutions of salicylic acid, thymol and corrosive sublimate, and a ten per cent. solution of borax, for eight days. Chalk and phosphoric acid from the dentine were then found in all the solutions. The proportions were slight in some cases, but nevertheless decomposition had taken place. Cream of tartar so often recommended as an addition to dentifrices, also exerts a destructive influence.

A Case of Inoculated Leprosy.—At the Dermatological Congress held recently at Prague, Dr. Arning gave an account of a case of inoculated leprosy in the Sandwich Islands. In 1884 he was permitted to inoculate a criminal, with the latter's consent. The man whom he inoculated had no inherited taint. The immediate result of the inoculation was negative, but four weeks later the man was attacked with an affection resembling sub-acute rheumatism without fever. The first joint involved was the left elbow, and then other joints became attacked, the attack lasting for four months. Then occurred some swelling of the left ulnar and median nerves, which subsided in the course of six months. Meanwhile there had developed on the scar at the site of the inoculation a typical leprosy nodule, from which abundant bacilli were obtained. Since Dr. Arning had returned to Europe he had learned that the disease had made considerable progress, and the unfortunate man was now in a condition of marked marasmus.

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THE DOGMAS OF THE SCHOOLS.

ONE of the most admirable college addresses we have seen is that of Prof. Crofford of the Memphis Hospital Medical College. It is full of strong points well expressed. "We are passing out of the age of destruction," he says, "into construction. This is the day when platforms are giving way to laboratories. It is well for us that the world is developed up to the point of asking for proof. This is the normal condition of the scientific mind. It will not give out results unless they exactly agree with the living facts in nature. But facts are gross things when compared to law, principles, truth. There is no more distinguishable difference between an ignorant or uncultured mind, than its way of taking the phenomena of nature. The former sees only the facts, the latter penetrates beyond mere physical sight, and with the mental eye comprehends the relation between these. The greater the dissemination of scientific learning, the greater the integration of the world. He who establishes a fact puts in a rivet of steel. The construction side outweighs the destructive. It only destroys what should go and keeps aglow with life the true and useful. There is a kinship of all philosophies whether resurrected out of the dingy past or startling present. Amidst the apparent heterogeneity of things there is in reality a homogeneity and the apparent fixed gulf the radical difference which appear, do not in reality exist. There is a thread of necessity winding through all the changeable forms in this world of facts and truths, and every fact throughout the vast realm of nature is kin to every other fact, and like a lov-

ing brother reaches out to the uttermost part of the universe to sustain all others. There is not a weak or cracked link in the chain which binds the past to the last of things. All nature is cemented together in one great monistic whole, and there is a throb of kinship from sand to stars.

"Every honorable practitioner of medicine is your brother in serving humanity, whether he happens to represent your particular school of thought or not. I am so tired of this pharisaical business—tired of isms and pathies—tired of so much parliamentary tactics in our societies—and I grow weary indeed when a talented, modest gentleman, as I have seen, with brains in his head, gets up to talk; and some simlin-headed fellow covered all over with conceit, with only sense enough to insure the lodgment of a few formulas and with a squeaking voice rasps out in the audience, '*Mr. President, the gentleman is out of order.*' I tell you, we want to learn something for the cure of our fellow man, and I would just as soon it came out of order as *in* order; and just as soon it came from some other school of thought as our own. It is the valuable idea, the useful knowledge, that we want, irrespective of its source. It is the fruit, and not the root of the tree, that satisfies.

"I have heard of two members of a German peasant family named Klein. One translated his name (Klein) Small, and the other (Klein) Little. Small and Little lived in the same street fifty years, and only discovered that they were brothers when their old mother in Germany died and left some money to be divided between them if they could be found. Oh, Small and Little, how very *Klinish* you both appear. You must wait fifty years to find out your brotherhood. Young man, you are a brother to every one who is striving to carry the torch of chemical or physiological research forward; a brother to every one who is striving to carry the race toward the goal of physical perfection. The mother of us all whose name is dogma, is passing away. The narrownesses and prejudices are dying with each turn of the wheel of progress; dying, surely dying out of the civilized world, and to you and to me she is leaving a grand heritage of freedom and love. Must we wait till we are old, wrinkled and past the age of usefulness to find out that we are brothers?

"Truth will shine differently in different localities. No two will see it alike, but each age must give it a garb. It must be dressed in the fashion of the times. It is invested with the legends, rites and speculations rife among those who successfully had charge of it. New sciences, races, aims,

must weave new raiment for it. These investitures must necessarily pass away with the uncritical times that gave them birth. We belong to a reasoning age. No more are we to suffer the disastrous consequences of a slavish adherence to absolute forms and barren dogmas. Our eyes are open to the follies of the past and the needs of the present. We must be explicit. We must be reasonable. Ours must from this time forward be a growing profession. It must shed its leaves when it is time for the leaves to fall, and sprout and bud and blossom when these seasons come. It must be dead no more.

"Let us not be hide-bound sectarians. Truth is broad as the universe is broad, and deep as the sea is deep. Why should we be narrow? There is some truth in everything that has ever had a strong hold upon the minds of men. The moment the truth is all out, the spirit is gone, and only the dry formulas remain, only the ghastly temple is left, around which play but the shadows of its former self. Let us be careful whilst we are squabbling lest the life of the soul should leak out and we find only the bleached bones of grinning skeletons over which we have measured swords. Souls are sensitive things. To acknowledge the truth in a school does not compel us to accept its dogmas. We can recognize truth in a school of thought and yet triumph above its narrownesses. Great thinkers have always broken over the barriers which their predecessors have erected. There comes a time when dogmas must be killed off like bees the drones. The ability to do this is to a great extent a question of intellectual growth. There is no better time to make high resolutions to cull from all the schools their pure, glittering gems and unite them into one great profession which grew out of love for one another. If I could reach out to-night and grasp the silver cord which brings down the golden blessings of heaven, I would throw them into the lap of the medical profession—the truest servants of humanity—and I would be no respecter of schools. There is no better time to make high resolutions to grow beyond sectarian distinctions. These only show how little we are. A specific name will apply to a little man much better than it will to a big one. Ah, brilliant young man out there, I want to fire your ambition—I want to help you grow out of all the clothes that have been cut for you. I want you to grow so large that they can't label you—so hugely great that nobody's label will go half-way round you. With no malice toward homœopathy, no prejudice against eclecticism or any other school, let us to-night launch out upon the ship of modern freedom—the swan-

necked goddess of reform—out of whose starry eyes the light of tolerance and liberty is beaming. Let us have no intolerant sentiment penetrate her throbbing heart, no dogma furrow her brow. Let us have no beclouding creed circumscribe her; but as she glides upon the placid waters, let her boundaries be the silent stars above and the limitless universe around, and may naught hover o'er her save the angel of truth from the arch of the sky."

HASTY DIAGNOSIS.

THERE is an old proverb, attributed to Davy Crockett, "be sure you are right, then go ahead," which should be indelibly engraved on the tablets of every physician's memory. Character may be ruined and life sacrificed by a hasty or mistaken diagnosis. With the utmost care we may fail in reaching a correct diagnosis, but there is no excuse for a positive opinion given on insufficient evidence. In the case of President Garfield, notwithstanding, the medical men in charge were entirely mistaken as it regards the precise character and location of the injury, it is possible the case would have been fatal under any treatment, but cases are constantly occurring where an erroneous diagnosis leads to fatal results to the patient, and perhaps casts a stigma upon individual reputation which is never removed. A short time ago a lady of education and of excellent social standing and reputation, who had previously suffered from congestion of the brain was attacked, after a period of great mental labor, with an hysterical mania. The alarmed servants sent for a physician, who at once sent for an ambulance and had her conveyed to Bellevue Hospital. Here, either by the hospital physician or the one who had sent her there, the case was pronounced to be "delirium tremens," and she was placed with her feet bound and a straight-jacket upon her in a cell in the inebriate ward. The next morning the papers published the case, giving the name of the lady and stating she was suffering from "*delirium tremens*." Her only son, in a distant city, saw the account in the papers and hastened to the rescue of his mother, who had been taken from her own house and thrust into a cell in the inebriate ward of a public hospital. There could have been no possible excuse for the diagnosis, and certainly none for the hasty manner in which she was dragged from her house and the treatment she afterward received.

A short time ago a lady called upon us for advice in reference to an operation which she had been told was necessary, which involved the removal of the womb and its appendices. One of

the most prominent experts in the city about a year ago, after a careful examination, told her she had a fibroid tumor of the womb as large as the double fist; that all her sufferings proceeded from this cause and could only be relieved by the removal of the organ. A careful examination, which included an accurate measurement of the womb, showed simply an enlargement of that organ, not unusual in persons who had borne children, but without a single trace of a tumor of any kind. Speedy relief was obtained by the use of the glycerine tampon.

Several years ago we were called to examine a lady from a distant city, who had been for several weeks in the private hospital of a very prominent New York gynecologist preparatory to an operation for a lacerated cervix. An examination showed only a slight laceration of the cervix, such as nine women out of ten who have borne children have, which had nothing to do with her sufferings. The trouble was entirely in the bladder, the water containing an enormous amount of pus. When this condition, which had not been discovered or even looked for by the gynecologist, was relieved, as it was in a couple of weeks, all the aches and pains vanished. Physicians are too apt to jump at conclusions, to run in the rut of theories, to fail through lack of close, minute study, to formulate from sufficient evidence the premises upon which they reason and direct their treatment. The specialist sees every thing through the lens of his speciality, and many a womb has been removed, an ovary taken out, a lacerated cervix mended, the muscle of an eye cut to the injury of the patients rather than their benefit. We need more precision in our work, more method in our examinations, and this can only be obtained by that conscientious discharge of duty which is a part of the life of the trained student. Professional pride is to the careful student united with professional duty, and one error of diagnosis stimulates him to a closer and more minute study of each individual case.

BOOK INFECTION.

IN MAN of the European cities (says the *Analyst*) extensive investigations are making to prove or disprove the infectiousness of books handled by the sick, such as must of necessity frequently occur in large circulating libraries. The editor of the *Christiania* (Norway) *Sanitary Journal*, in commenting on the subject, remarks that it is the universal pastime of invalids and convalescents to read or look over books, which, if not procurable at home, are brought from some

library. Even children are fond of looking at picture-books, and the editor relates the following personal experience: "In 1846 an eight-year-old brother of my wife was taken down with scarlet fever and died. During his illness he frequently amused himself by looking over a large picture-book. This, together with several other of his useful playthings, was packed away in a trunk after his death. Twenty-six years afterwards, in 1872, a sister-in-law of mine journeyed across the channel to England, where I was then residing, and with her came the chest and the picture-book. On the second day the chest was opened, and the book presented to my two-year-old son. Within the next two weeks the little fellow was taken down with scarlet fever. The doctors who were called in consultation wondered how the disease was contracted, as there had been no scarlet fever in the town for years. The circumstances of the book were called to mind, and the indications were clearly that the twenty-six-year-old book had retained the poison and communicated it to the child." The process of disinfection now in use in Denmark and Norway, in many of the circulating libraries and bookstores, is a good one, and it is claimed to disinfect the books without damaging them in the least. It consists in placing the books, fully opened out, in a suitable compartment, and subjecting them to dry, hot steam at a temperature of over 100° C. for several hours.

LAPAROTOMY DURING MENSTRUATION.

H. P. C. WILSON, M. D., President's Address, H. American Gynecological Society, says: Shall we perform laparotomy immediately preceding or during menstruation?

This is a question which frequently embarrassed me in my earlier professional experience. Books were searched and authorities consulted for its elucidation; but I found nothing to enlighten me on the subject. The medical friends with whom I consulted advised against such a procedure. In addition to this came the paper of Dr. Horatio R. Storer, read at the first meeting of this society, in 1876, in which he concluded "that for pelvic operations, all things being equal, it is better to select the week immediately following the cessation of the catamenia, for all such operations."

Operations *per vaginam* may require the selection of the uterine ebb, where such choice can be made, as the dressings and attention necessary afterward may be embarrassed by menstruation; but for laparotomies involving the pelvic organs, my experience teaches me to select the uterine flood rather than the uterine ebb. During the

uterine flood, the circulation and innervation are in a state of tonic excitement. During the uterine ebb they are in a state of relaxation and depression; and patients thus are more liable to passive hæmorrhages, the absorption of septic poison, the deadly influence of shock, than when the system is under the stimulus of the uterine flood.

It may be said that inflammatory troubles are more apt to be set up during the uterine flood. I would ask the fellows how many of their laparotomies have been lost by inflammation other than septic. I can not recall one in my own experience. Shock, hæmorrhage and blood-poison have been the causes of death in all cases, and blood-poison oftener than all other causes together.

* * * * *

I might go on to report many cases on whom I performed laparotomy very near or during menstruation, but I will not detain you. Within the past year I have done a number of such, and every one recovered. I have never lost a case of laparotomy done immediately before or during a menstruation, and I am thus forced to make the uterine flood the time of selection for such operations, rather than the uterine ebb.

PROF. WM. JAMES, of Harvard University, invites co-operation in the scientific investigation of the subject of "Hallucinations!"

The "Society for Psychical Research" began the work several years ago and the "International Congress of Experimental Psychology" at Paris last summer assumed the future responsibility, naming a committee in each country to carry on the work, and Prof. James represents our own country, and will answer inquiries, furnish blanks, etc., to those who are willing to help.

The object of the inquiry is twofold: 1st, to get a mass of facts about hallucinations which may serve as a basis for a scientific study of these phenomena; and 2d, to ascertain approximately the *proportion of persons* who have had such experiences. Until the average frequency of hallucinations in the community is known, it can never be decided whether the so-called "veridical" hallucinations (visions or other "warnings" of the death, etc., of people at a distance) which are so frequently reported, are accidental coincidences or something more.

Some 8,000 or more persons in England, France and the United States have already returned answers to the question which heads the census sheets, and which runs as follows:

"Have you ever, when completely awake, had a vivid impression of seeing or being touched

by a living being or inanimate object, or of hearing a voice; which impression, so far as you could discover, was not due to any external physical cause?"

The "Congress" hopes that at its next meeting, in England in 1892, as many as 50,000 answers may have been collected. It is obvious that for the purely statistical inquiry, the answer "No" is as important as the answer "Yes."

THE SHUTTLE PULSE AND ITS PORTENT.

THERE is a peculiar pulse (says a writer in the *St. Louis Medical and Surgical Journal*) which I have sometimes felt, but never without a shudder, when in the radials of those whom I have loved—never without grave prognostic impression whenever perceived in any patient. I mean the shuttle pulse, as I would call it; a pulse in which the pulse wave passes under your finger as if it were floating something solid as well as liquid—that something passes along the blood current under your finger like the weaver's shuttle through the loom. I have felt it in cases only where the blood was hydræmic and a local rheumatic inflammation existed or had recently existed within the heart. I have called it the "shuttle" pulse because I can liken it to nothing else, and because the impression it makes suggests that name. If you have ever felt this pulse, did you ever know of a patient recovering after its appearance? Did you ever know a patient after its appearance to escape the consequences of embolic closure of vessels? To me it is the pulse of fibrinous coagula going the rounds of the circulation. Its portent has ever been evil. It is a pulse of dark prognosis and painful memories—the pulse of impending death in part or whole. I think I have never known a patient to live after such a pulse had been detected. It is the pulse of fatal rheumatic endocarditis or endoarteritis and its sequent or associate anemia and emboli.

RECOVERY AFTER WOUNDS AND OPERATIONS.

PROFESSOR NUSSBAUM (*Lancet*) has found that a very good prognosis of the healing of surgical wounds can be obtained by examining the secretion from the surface during the first two or three days. If this be sanguinolent, prognosis is more or less bad. Care must be taken not to confound any slight after-bleeding with true sanguinolent secretion. The prognosis is only bad where the secretion from the whole surface of the wound is tinged with blood. In phthisical persons and hard drinkers there is

nearly always a great tendency to a prolonged secretion of sanguinolent matter after wounds, and sometimes the tinge remains throughout the healing process, which is in these cases very tedious. When the secretion on the first day is free from blood, it shows that the capillaries are closed, and therefore that the intracapillary pressure is normal. Again, it is evident that when the intracapillary pressure is low the endosmose and exosmose between the vessels and the tissues can not be taking place properly, and thus that the due healing of the wound can not be expected to proceed as it ought.

HEART FAILURE IN DEATH CERTIFICATES.

THE Health Officer at Chicago refuses to accept heart failure as a cause of death, very much to the indignation of the physicians. And yet the habit of assigning this cause arises from the wording of the certificate and the red tape used in the Health Office. Two questions are asked, each of which must receive a direct answer: 1st. State the chief and determining cause of death. 2d. Consecutive and contributing. The patient may have died of typhoid or scarlet fever, or pneumonia. It is difficult to state the precise and actual cause of death, and the name of the disease is not sufficient. We can not say lack of breath or exhaustion, for the certificate would be sent back for correction, and so the physician is in the habit of putting down, for instance, pneumonia, heart failure. The trouble is not so much in the ignorance of the physician as in the red-tape in the Health Office.

BIBLIOGRAPHICAL.

A HAND-BOOK OF DISEASES OF THE SKIN AND THEIR HOMOEOPATHIC TREATMENT. By John R. Kippax, M. D., LL. B., Professor of the Principles and Practice of Medicine and Medical Jurisprudence in the Chicago Hom. Medical College; Clinical Lecturer and Visiting Physician to Cook County Hospital; Author of Lectures on Fevers, etc. Fourth Edition, Revised and Enlarged. Chicago: Gross & Delbridge, 1890; pp. 294, 12mo.

This little hand-book has evidently met a want or else a fourth edition would not be called for. The text is concisely and clearly set forth and includes much more than "homoeopathic treatment!"

We have no hesitation in commending the book, but we would suggest that it would have a much wider reading if the superfluous "homoeopathic" were omitted.

SPECIFIC MEDICATION AND SPECIFIC MEDICINES. Fourth Revision with an Appendix Containing the Articles Published on the Subject since the First Edition, and a Report of Cases Illustrating Specific Medication. By John M. Scudder, M. D., Professor of the Principles and

Practice of Medicine in the Eclectic Medical Institute; Author of "The Principles of Medicine," "The Eclectic Practice of Medicine," "The Eclectic Materia Medica and Therapeutics," "A Practical Treatise on the Diseases of Woman," etc. Twelfth Edition. Cincinnati: John M. Scudder, 1888; pp. 432, 12mo.

This little book contains a comprehensive statement of the views and modes of the sect of which the author is an eminent exponent.

Those of our readers who desire to know upon what foundation this "school" rests, can learn it from this book with little trouble, as the text is concisely stated.

REPORT ON MEDICAL EDUCATION, MEDICAL COLLEGES AND THE REGULATION OF THE PRACTICE OF MEDICINE IN THE U. S. AND CANADA, 1765-1890. By John H. Ranch, M. D., Secretary, Springfield, Ills.

A most useful book for reference in respect to the matters of which it treats.

HOMOEOPATHIC THERAPEUTICS. Third re-written and enlarged edition. By Samuel Lilienthal, M. D. Philadelphia: Hahnemann Publishing House, 1890.

The work is what its name indicates, "Homoeopathic Therapeutics," considered entirely from the standpoint of symptomatology; it makes no pretense to discuss etiology or pathology, which can be gathered from other authors, but the symptoms of carefully proven remedies are admirably grouped under appropriate heads. What the author has undertaken to do he has done faithfully and well, and placed the whole profession under a lasting debt of gratitude to him. There is no doubt but at times many drugs will fail of producing the desired effect, and the physician will be obliged to resort to other expedients and be to a certain extent a law to himself, but from a strictly homoeopathic standpoint the work under review is one of the best before the public. That the profession will readily catch on to a good work is seen in the *third edition* on the title page.

The editorial article of the May issue of the *Dietetic Gazette* has been prepared by J. Lewis Smith, M. D., Clinical Professor of Diseases of Children, in Bellevue Hospital Medical College. With the June number will begin an extended article by J. Lewis Smith, M. D., on "The Care and Feeding of Infants, with remarks on The Great Mortality of Infants in the Summer Months, and mode of preventing it."

CORRESPONDENCE.

AN ENIGMA.

In last year's volume of "Paris Illustré" may be found, among the many other obscure and really unmeaning art contributions of the salon of gay and flippant Paris, a production entitled "An Enigma" by one Agache, whoever he may be or may perchance yet get to be. But for the fact of this title the charge of unmeaningness may hardly be entertained in this instance, for being designedly "an enigma" the sting is necessarily taken out of the criticism.

It is nevertheless as grotesque a production of something so supremely horrible, weird and despicable as ever flowed from tracings of brush, pencil or crayon. As literature has its own abundance of nightmares in poesy as well as in prose, so art, too, has succeeded to preserve a goodly share of phantastical creations of the horribly grotesque, and in which this Agache has succeeded to add one more number to the Holbeinian catalogue of the outrageous.

For I claim that no one who having been thoroughly

filled with this repulsive caryatid of "an enigma" can fail to forever damn with me the artist for thus haunting one's hours of repose with such unmarked monstrousness.

But disagreeable as may be the nightmares of literature and art, by far more offensive still may become the deeds of science or the scientific professions. Not that it must needs be the work of the unlicensed quack or of the marketplace mountebank nor that of the mere pretender; the evil produced by the prominently representative man of society must shock when that of the other or lesser may only cause regret. The healing art too has its monstrous phasms, and may produce enigmas equally as painful to after thought as other arts.

Such at least has been the experience of one who, ever since, has been pursued by the unsavory spectre of a one day's entanglement in surgery.

In the museum of a certain University-Medical College there may be found a tin-case containing, not a specimen of pathological curiosity, not a trophy of the surgeon's art and skill, not a model of anthropometrical proportions, but simply a leg, fat unctious leg of a woman; white as wax and as waxy as the possible milkleg of one of Rembrandt's models; as well washed and clean as the limbs of Thetis, daughter of Nereus, mother of Achilles; and withal devoid of pimple, bunion or ingrown toe-nail. Encased in its glass-covered tin-box, saturated with water-white spirits, it lays there an envy provoking challenge to maiden and matron; piteously asking every beholder: "What think you of me, stranger, why am I here?"

Yes, why is it there, that harmless leg of woman?

Can the American Institute of Homoeopathy answer?

Still there it lays clean, and sound, and free from all blemish!

True, a stickler for faultfinding exactness might mutter—polysarc—but polysarcs are no more willing to furnish leg-shows to museum idlers, than would Dr. Mary Walker of pantaloons and fame. Fat legs or lean, clean legs or soiled, all and every one are usually dear to their owners. Yet the quondam owner of this beautiful limb was positively anxious to donate this sample of understanding to America's great institute of the diminutive art of healing.

But there it lays, patiently waiting to be called up in the surgical section of the Institute; for the answer of its weary cry of "What think you of me, stranger, why am I here?" And while this poor voluptuously moulded polysarc of a woman's leg cries the continual cry of its whereabouts, I, too, the enigma haunted witness of this circular amputation still ask of the master-surgeon of that job, for the one-thousandth time, the why and the wherefore of this most heinous deed.

Time is fleeting. The years go by, and chasing athwart the memory—dazzling fame which holds encased the enigma of that farm-house amputation, calls up the spectre vision of that day—anon and anon. And ere long both surgeon and his mate will be beyond the moral call of medical judge and jury; past answering soul harassing questions; and too, past the possibility of wetting the sponge wherewith to wipe forever from the tablet of fame the names written there by intrigue and the tricks of time.

The time was when a since departed colleague rose to the presidency of a great Institute by the inadvertency of an after-dinner speech and of an ice-pitcher. Another still has followed up this same Jacob's ladder by the powers of a political ward caucus and the farcical shibboleth* of an effete brotherhood.

The years will soon be counted by tens, that the relater of this wonderful little story was a teacher (docent the Germans would call him), at a boastfully great American University. This equivocally great seat of learning was stayed and held in balance with the rest of its political sister institutions in the State by pompously mighty cory-

phée. To exist undisturbed with a hope of a lengthy tenure of office required submission to the coryphée and to circumstances. The particular coryphée who thus held the broadest thumb over the destinies of the college and myself was one powerful in the halls of legislation and effectively forward in the lodges of a secret brotherhood.

In the *aula* of this university sat irreproachably wise *curatores*; but the keener *coryphée* sat upon the *curatores* (at least once in every two years). My own coryphée was also specially renowned roundabout his hamlet as a scalpelist of the utmost daring. Yet whatever the scalpel could not accomplish the sugar parvule did. The scalpel scalped and the sugar sugared "the way to dusty death." However, the mandate of this mighty one was paramount in the affairs of teacher and professor. Thus one day came to me the summons to meet him in consultation.

It was a pride-tickling honor to be thus called by a coryphée and a self-tickling policy of the coryphée who thus could call a professor.

Are not men usually judged by the company they keep? But "meet me in consultation" was the imperative summons, and I met him. The consultation was a silent one, at least on my part. Pointing at the carriage in waiting, the coryphée commanded "buggy" and I submitted my person to the buggy. My buggy submission lasted until the vehicle halted before a shiftless looking farm house.

Once only during this weary, silent buggy ride did I venture to enquire the object, nature and possible result of the consultation *in spe*. But the testy answer "will see" put all further interrogation at rest. However, I did see. In a dingy, narrow, cautiously darkened, closet euphoniously designated as bedroom, lay a woman, fat, fair and forty. The extremities of one of the lower limbs swathed in swaddling clothes. I ventured to remove the swaddles and was rewarded with a most pitiful scream of objection. I desisted—I had but just seen the foot and ankle, with its dark violet-colored skin slightly squamous in patches—variable in intensity of the discoloration, yet no ulcer, no swelling, no tumor, no displacement of structure, only that astonishing and never to be forgotten analine violet stain of the *cutis*. What was it? Mere *pityriasis* it could not be, senile gangrene—*sphacelus*? no! the general appearance and age of the patient put that too out of the question. I thought and thought but asked no further questions; for sufficient to me was the experience of the one "will see."

The darkened room, the unexpected remonstrative scream (between fear and pain), the mysterious silence of all concerned, the submissive obedience of the husband, who was the only other person about the premises, all this put me beyond the effort of guessing. I only felt, saw and was conquered.—"Professor examine the heart and lungs and tell me will she stand chloroform?" Such was the command—again I obeyed. "Yes! she will stand a gallon."

The amputation was proceeded with. I giving the chloroform and assisting as best I could between times. Silently and rapidly done was the work, strangely enough by the circular method. I suggested flap, but no answer came, and henceforth held my peace. The whole method was antiquated, no hæmostatics, no Listerism, no modern innovation whatever, a true Napoleonic battlefield butchery—a circular amputation of the lower third of the thigh of a fat well-shaped subject? all this baffled my senses.

An amputation above the knee for lesions near the ankle was unheard of. But as the swaddles had now and then slipped below the knee I had noticed here and there isolated patches of squamous exfoliations (not violet but brown) as high as the femoro-tibial articulation, hence I surmised the reason for the higher amputation.

The work finished—the woman awoke as by magic; smiling pleasantly; no shock, no mental nor physical perturbation; only a sigh of relief and an adoring look of gratitude for the coryphée. The patient was hustled to bed, the amputated limb into the buggy, the instruments unwashed

* The author insists that this word shall be spelled with one "b."—Eos.

and unwiped into their own receptacles, and after this the command: "Buggy, home!"

Silence reigned supreme, until finally and all in due and measured time, the coryphæic sphinx spoke forth: Third operation this; first, amputation of breast; second, amputation of big toe on other foot, now this one. All same case. Wanted it done—Dr. Snarleyyow of Nearby says syphilis; fool, objected to operations. Would kill her. Knew it wouldn't."

Hesitatingly I ventured to enquire his diagnosis, but received only a shrug of the shoulder as answer. Silence again. Arrived at home, the coryphæe was amply occupied by a host of waiting patients. Thus left to myself I walked about from room to room in utter abstraction. Again I came in sight of the leg; but what a change, well washed and clean and, oh, horror of horrors, free from all discoloration, desquamation, or other morbid cause for amputation. A fine healthy leg of apparently healthy subject. I could no longer endure the suspense. I rushed into the presence of the coryphæe and demanded an explanation. "Good God doctor what have we done—we have cut off the healthy leg from a healthy person. We are in a bad fix, how shall we get out of this scrape? I fear we are ruined for ever. Terror had seized my heart, a cold clammy perspiration bathed my forehead—I shook in every limb. But no explanation was vouchsafed me—he knew not the diagnosis, he cared not about it. He defied investigation. He would take care both of himself and me. Dr. Snarleyyow had called it syphilis that was all and he knew better; besides that the woman wanted it done and he was the man to do it. He had been in worse scrapes ere this. Had not the county prosecuting attorney once warned him to desist from an attempted operation and had he not defied the warning? Had he not succeeded? No, he feared no man, nor any law. With a heavy heart and the saddest forebodings I departed for the great seat of learning a guilty soulharassed man—haunted by but one thought, the fat comely leg of the woman. She made a slow and lingering recovery and finally left for parts to me unknown. Who is there that is willing to solve the enigma of this experience. Be he surgeon or psychiatrist let him speak.

In those days the medical profession were still too occupied with ethics, they had not yet accepted within their fold, the mesmerist nor hypnotist. In vain I have sought for a surgeon mania—a monomania for scalpel, cutting and slashing. May not a keener study of satyriasis some day solve this riddle.

LA RÉACTION.

TO WHOM IT MAY CONCERN.

[If "the medical mugwump NEW YORK TIMES" will kindly publish the subjoined correspondence I shall deem it a kindness—as it will save me valuable time and postage stamps.

SAM'L A. JONES.]

NEWARK, N. J., May 20, 1890.

Prof. S. A. JONES, M. D., *Dear Sir*:—I am unknown to you, but you are not unknown to me; we are brothers in the cause of homœopathy, and I write to call your attention to the first article in the May number of the medical mugwump NEW YORK TIMES by an egotistical and bombastic allopath, R. G. Eccles, who only about a year ago wrote a most acrimonious tirade against homœopathy, published in some pharmaceutical journal and now asserts that "diversity is always indicative of progress," and implies that because

Hahnemannians are guided by a fixed principle they are not progressive. It struck me that you are about the right man to answer such sophistry, and I would be very much pleased to read your reply in the same journal.

Yours Respectfully,

—, M. D., Newark, N. J.

ANN ARBOR, 23 May, 1890.

—, M. D., NEWARK, N. J., *Dear Sir*:—I have received a great many such applications as yours, to all of which I say only that I do not feel like defending the "cause of homœopathy." That function devolves upon the American Institute of Homœopathy—a somewhat questionable society which I have the honor of discarding some years ago.

If such an one as Dr. Eccles can not be met and annihilated by Prof. T. F. Allen—whom I fancy to be the "homœopathic dean" depicted by Dr. Eccles—they had better convert the N. Y. Hom. Med. College into an asylum for the feeble-minded.

Yours plainly,

SAM'L A. JONES.

N. B.—The "Prof." sloughed off ten years ago.

OBITUARY.

FLETCHER HARPER, of the firm of Harper & Brothers, publishers, and since 1873 president of the State Insane Asylum at Middletown, died at his residence in this city May 23d, aged sixty-three years. Mr. Harper had suffered for some years with a complication of disorders developing a marasmus which terminated his life. He was one of the founders of the Union League Club, and one of its most genial and popular members. His literary and artistic ability was of a very high order, and contributed much to the popularity and success of *Harper's Weekly*, which after his father's death passed more directly under his general management. As a presiding officer he was always courteous and thoroughly practical and just in his rulings. For many years he was one of the trustees of the Western Dispensary, and always ready with purse and influence to aid it in its work. In musical, literary, scientific and social circles he was ever welcome, and in all a most genial and valued companion. In passing away his life ebbed so gently that the friends standing around his bed could hardly tell when the end came.

TRANSLATIONS, GLEANINGS, ETC.

RETROSPECT OF OBSTETRICS.*

By G. E. TYTLER, B. S., M. D., NEW YORK.

It is our purpose this evening to take a brief retrospect of the field of obstetrics during the year past, and more especially as shown or reflected in the literature of the journals and doings of the different societies. As we glance over the ground we can not help observing that antiseptic midwifery has continued its advances, even upon its wonderful and convincing successes of previous periods. The theory may be said to be generally accepted, and even upon the few not admitting it as altogether good, it has

* Read before the Clinical Club.

had an effect to cause such thorough attention to cleanliness in every respect that practically an aseptic condition is accomplished, which probably as a rule is sufficient; but it would appear to be of no harm and likely to give more certainty of accomplishing the object if we use some harmless antiseptic, in addition to the cleanliness, though we admit that that in itself is of very great help.

The records of different lying-in institutions before and since aseptic and antiseptic precautions make certainly most convincing reading. Those of Charité, for instance, where before the theory was tested the proportion of puerperal fever cases was over three per cent. of the whole number cared for, now show a rate of less than two-tenths of one per cent.

These figures are based upon the treatment of 1500 cases cared for annually, and when figured in numbers mean that now, instead of forty-six women among its inmates going through, if not succumbing to the horrors of puerperal fever in its various manifestations, the number is reduced to three. The success as a prophylactic measure is certainly very great, but where we have septicæmia actually present a comparison of results, in former times without antiseptic treatment and now with it in its intra-uterine form, shows results even more favorable and convincing. In fact, with the writer's most favorable and convincing experience, he would regard it as criminal neglect to not have a lying-in patient with septicæmia have the benefit of intra-uterine treatment, if other—including vaginal douches—had not been of avail.

Among the drugs used for antiseptic effects carbolic acid and the chloride of mercury probably are yet chosen most frequently—still there is a new candidate for favor in hydronaphthol, which it is claimed in proportion of 1 to 1,000, is fully as strong a germicide as a corrosive sublimate, even against anthrax, and yet is non-poisonous, even having been given internally in doses of several grains. Time will of course be required to determine its relative position and worth compared with other and older favorites.

Recently the use of vinegar has been revived—not only for its hæmostatic effects, but antiseptic properties being claimed for it. The writer has certainly had benefit from its use in postpartum hemorrhage, but it was combined with hot water.

A portion of obstetrics most thoroughly explored during the year upon which more has been written and more discussed in the societies of late than almost any other is that of extra-uterine pregnancy. We feel that but little remains to be said upon this subject before this club, because one of our members has so recently favored us with a most exhaustive, interesting and instructive paper upon the subject, but our province to-night being merely to review the field, we can therefore remark that within a comparatively recent period the sentiment of the profession has quite materially changed in regard to the best treatment of the condition of extra-uterine pregnancy. Not long since practitioners were inclined to think favorably of the use of electricity—either galvanic or Faradic current—in this state, but the tide has certainly changed, and the laparatomists, with their greatly reduced percentages of mortality, have swung medical opinion to the belief that in abdominal surgery they have a means of giving more speedy, as safe and much more certain relief than the less reliable and slower method of electricity. With the latter, one is never certain in just what condition the product may be after treatment—does not know at what moment degeneration, supuration and rupture may yet take place, and the surgical operation be yet required. At any rate, where growth or further development were possibly arrested by electrization, the writer should feel under the necessity of advising the closest surveillance and preparations for ready summoning of surgical aid upon the occurrence of symptoms which he would fear might appear and demand it. We

will remark in passing that the controversy between electricity and the knife has been as intense in gynecology and in the treatment of genito-urinary diseases. In the former field we know the amount of discussion as to the relative merits of Apostoli's methods, curette, etc., and in the latter field, in urethral stricture, it is electrolysis *versus* urethrotome, but it would appear that in obstetrics the battle were more nearly decided. Extra-uterine pregnancy is, unfortunately, yet sufficiently obscure in its manifestations to make even the most expert to feel that a diagnosis can not with any great certainty be made in its early and very important periods. Frequent reports have of late appeared giving the full symptomatology of cases, and have helped to somewhat clear the uncertainty. It is hoped that a continuance of the practice may afford still greater precision. Salpingitis is brought to mind as ætiologically important in relation to extra-uterine pregnancy, and as a very important factor in causation of not only salpingitis, but of the pelvic inflammations generally, has gonorrhœa of late been considered and given much more attention? While it always was found a tedious and obstinate condition to treat, it was formerly passed over as more inconvenient than dangerous, but lately it has been appreciated that it is most far-reaching in its effects.

We referred above to the success of the laparatomists influencing the treatment of extra-uterine pregnancy. There is another branch in obstetrics in which the same factor is beginning to be urged as warranting—aye, demanding a material modification of what has been the practice in deciding upon the question of craniotomy, and many practitioners assert that at this date very many cases in which formerly craniotomy would have been very properly and necessarily decided upon and resorted to should now be relegated to some form of Cæsarean section. They believe that the very much lessened danger of the latter operation at this day should cause the infant's life to be given more weight. Thus the operation of craniotomy has been narrowed from two sides. First, the introduction of the forceps—and the axis-traction ones especially, we all know, helped in very many cases of slightly contracted pelvis or extra large infants,—where formerly we should have been obliged to choose between craniotomy and Cæsarean section, and practically the former, as the latter was seldom resorted to.

Now it is claimed that the modern form of the operation is of comparatively so slight danger that it should receive consideration without the extreme hesitation of former periods. With most fine figuring the relative values and probabilities of the two lives have been estimated, almost as in life insurance actuary methods, but yet we think that for some time the great mass of conservative practitioners will incline to give the mother the main consideration and the main chance. This tendency will be greater probably in private practice than in institutions, because in even fairly well-to-do families the conditions, surroundings and conveniences are not those of hospitals, and one would not be warranted in hoping for the same good results.

Lastly, when we come to consult the preferences of the family, we think that we shall almost invariably be sought to give the mother *every* chance, and not allow her to take *any* risk that can be avoided.

During the year, in addition to the many other uses of antipyrine, the drug has been advocated as causing the suppression of the milk where this was desirable. We notice that one ingenious obstetrician, wishing to be prepared for possible danger, has found advantage in inserting a stitch through the perineum before labor in cases where from the previous history and experience, or the condition of the parts, a complete rupture appeared exceedingly likely to occur, not that it tends much to prevent it, but should it happen, is of great service in approximating the parts and bringing them into much better appo-

sition than could otherwise be done. In direction of prevention of laceration of the perineum much advice has been given. Chassagny's method has been described in the *Union Medicale* and copied in different journals. It consists of a gutta-percha support, and by elastic bands the perineum is supposed to be prevented from being unduly stretched downwards, and hence is urged forward, close under the pubes. We should scarcely think that it would come into very general use.

A new and alleged very reliable sign of death of the foetus has been announced, consisting of the presence of peptone in the urine. The one disadvantage of the test is that peptone is not present until the foetus has been dead sufficiently long to have developed some slight decomposition or fermentative change. The test is made by adding liquor potassæ to the urine to make sure of its alkalinity; then a weak solution of cuprum sulphate slowly added, when a green precipitate forms, which turns to violet if peptone be present.

One of our journals some time since published an article advocating the use of belladonna gtt. ij nightly for a fortnight preceding labor, and during its progress the use of hot fomentations and ext. belladonna ointment 3 i to vaseline 3 ij to the perineum to prevent its laceration. We do not think that the amount administered internally would do harm, but think that possibly enough belladonna might be absorbed to not only relax the perineum but also the uterine walls, an effect that has certainly resulted from the use of belladonna suppositories containing gr. ½ ext. belladonna in vagina in case of rigid os. It accomplishes the purpose, but we think it is liable to also last and cause most severe post-partum inertia uteri and consequent hemorrhage.

We know that when we accomplish dilatation of the pupil with atropine the effect does not wear off for nearly a week—why should we expect the uterine fibres to regain their contractility so much more speedily as to be ready to contract well as soon as the uterus be emptied—if they have felt the effect of belladonna and it appears to the writer to be rather difficult to get the effect upon the perineum or uterine cervix and limit just there without having the uterine body under its influence more or less. Pertaining to the obstetrician's care—especially where from any cause the infant can not be given the breast, comes the question of infant-feeding, and whatever food he chooses, can be kept much better by some process of sterilization, and it would appear that the Arnold steam sterilizer were well adapted to that end—gives but slight trouble and is of such small price that it becomes practicable to advise it in families of even moderate circumstances.

Small-Pox and Hydrophobia.—An interesting summary of prevailing medical opinion upon the above topics was lately given by Dr. D. MacAlister (one of the editors of the *Practitioner*), in a public lecture delivered at Aberdeen, Scotland, and reported in the *Daily Free Press* of that city.

Dr. MacAlister mentioned, in connection with the promised research undertaken by one of his own pupils, and which he referred to on a previous occasion, that the other day Professor Huppe, of Prague, announced a discovery on the same lines, which, if it were verified, went still further in the same direction. This discovery tended to remove Jenner's great discovery from that position of splendid isolation which it so long occupied. Professor Huppe found that a certain harmless bacterium, common in garden soil, when artificially cultivated gave rise to chemical products some of which were almost, if not quite, identical with those of anthrax cultures. He thought it might be worth while to try and habituate white mice—animals, as they knew, susceptible to anthrax—to increasing doses of these chemical substances, and when he had succeeded in doing so, he further found that the white

mice were then protected against injections even of the strongest anthrax virus. From white mice to sheep and oxen and men was undoubtedly a step, but still it was only a step, and the experiments were proceeding in a hopeful way. He had told them of two great subjects still to be dealt with in connection with the theory and practice of immunity from infective diseases, and these subjects were small-pox and hydrophobia. * * * Having explained the principle of Dr. Jenner's vaccination system, the lecturer said in the course of time, after protective vaccination had been practised, as one might say, privately, the very face of the disease, small-pox, as it was met with in the protected people, seemed to alter, and they found medical men speaking no longer of *variola*, or common small-pox, but of *varioid*, or the slight and modified disease that took its place. In 1840 the benefits of the process of vaccination were so apparent that the first Vaccination Act was passed, enabling all persons who wished it to be vaccinated at the public cost. In 1838-42 the death-rate from small-pox in England and Wales was 57 per 100,000; and in 1850-54 it had fallen to 27; and in 1853 compulsory vaccination was enforced by law, and all infants were ordered to be protected within a few months of birth. The death-rate again fell, till in 1865-69 it reached only 14 1-2 per 100,000. But in 1870-74, when people had almost forgotten what small-pox was like, there came an epidemic, and the death-rate rushed up to 43. In the next five years it fell again to 8, and in 1880-84 to 6 1-2, lower than it had ever been in our history. Still the sudden uprush of the figures ten years before set people thinking, and it became clear that there was still much to learn as to the best way of carrying out an operation apparently so simple, yet so dependent for its success on minute observance of important details. One chief point brought out was that a large number of the deaths among vaccinated persons were in those over fifteen years of age, dating that is from a time when their vaccination of infants was still imperfect and insufficient. Another was that the malignancy of the epidemic exceeded anything that had been seen in this generation; so that it appeared to some that vaccination, which was enough to protect against ordinary attacks, was insufficient against an exceptionally potent infection, such as that imported during the Franco-German war. But there was another explanation possible. It might be that in consequence of the absence of unmodified small-pox among us, the hereditary transmission of a certain power of resistance to further epidemics had been weakened or lost, so that a long-vaccinated country was getting into a condition analogous to the condition of the Fiji Islanders as regards measles. And again, it might be that the persons who under the earlier acts had been vaccinated in adult life were better protected than those who under the later acts were vaccinated in infancy; and as the latter grew up and took the places of the former, the whole nation might in consequence become more susceptible. The result was a careful inquiry by the medical officers of the Local Government Board, which brought out some remarkable facts. One was that vaccination had led to an enormous saving of life during infancy and childhood. Of children under ten the death-rate from small-pox among the unvaccinated was a hundredfold the death-rate among the vaccinated. If in 1881 the mortality among the vaccinated children of London alone had been as great as among the unvaccinated, 12,000 more deaths would have occurred than actually did occur. This saving of 12,000 young lives in one year in one town was effected by the imperfect vaccination then available. Secondly, it was shown that the power of a thorough vaccination, as evidenced by the number and character of the scars, to protect against death from small-pox was at least ten times greater than the power of imperfect vaccination or of much that passes for vaccination. Thirdly, and as a corollary to this, the mortality among children

under ten who had been "privately" vaccinated, was twice as great as among those vaccinated by public officials, who are required to perform the operation in a certain way and to produce results of a certain standard. Fourthly, the fact that it was chiefly among persons over fifteen that the increased mortality appeared seemed to suggest that the protection of infantile vaccination might wear out—as he told them the anthrax vaccination wore out in a year or so. And indeed facts were forthcoming to show that in many persons the full protection against re-inoculation of cow-pox, and therefore very probably of small-pox also, did not last much longer than ten years from infancy. Since then, in Germany, though not yet in England, not only vaccination in infancy, but re-vaccination at the age of twelve years, had been made compulsory. Here was the result as formulated by the German Vaccination Commission:—In Germany, as a whole, small-pox has diminished to a degree never known before, so far as any records reach, whereas, in all neighboring countries, small-pox is still very prevalent. The German large cities suffer scarcely at all from small pox, which continues to demand its victims from all other large continental cities. The German army is almost free from small-pox, while other armies still suffer severely, notably the Austrian; and lastly, while both the Austrian and the French army still show considerable losses from small-pox, *not a single death from small-pox has occurred in the Prussian army since 1874.* The Germans are a very theoretical people, as they all knew. When results like these could be shown elsewhere, it would be time to think Austrian and French, and I will add British, practice, a finer thing than German theory. The next great step in our vaccination legislation will, he trusted, be the adoption of the German practice in this respect. But legislation was stopped with us just now by the men of "facts," he believed they called themselves. And a Royal Commission was sitting for their benefit chiefly, in which the whole question would be re-sifted, and the objections that have been raised to the practice of vaccination will be fully considered. These rest chiefly on the ground that it was an interference with the liberty of the subject (to take and spread small-pox)—that it was unheard of (by people who won't open their ears)—to cause one disease (cow-pox) by way of preventing another (small-pox), that if the operation was badly performed it might have bad results (which was also true of teeth-drawing), and lastly, that the fall in the death-rate was due to better drainage and not to vaccination (though apparently the better drainage does not affect the unvaccinated, and hasn't done much yet to check the death-rate of those stricken with scarlatina or typhus when it came among them.)

* * * * *

Dr. MacAlister then proceeded to deal with hydrophobia or rabies, and stated that the diagrams and most of the facts he had to bring before them he owed to his friend Dr. Ruffer, who was both an Englishman and a Frenchman, an Oxford graduate, and a valued pupil of Pasteur's. The chief interest of rabies was in the fact that the fate of a man who had been bitten by a rabid animal remained uncertain for a long time after the bite. No wonder that when in 1885 Pasteur announced to the Academy of Sciences in Paris that he had discovered a way preventing the appearance of rabies in a person who had been bitten, the press was filled with the news, and in spite of criticisms and caution patients flocked to put themselves under his treatment. Since 1885, between 9,000 and 10,000 patients had been so treated, and some twenty institutes had been started in various parts of the world by men of science independent of M. Pasteur. It was from the data given by these observers that he was going to cull a few figures.* * * When the treatment was complete it was assumed that the system had become so tolerant of the poison, that when the dormant

germs, introduced by the bite, began to waken to action, they would find themselves checkmated, and the disease would not be produced. The discoverer had of course verified this assumption on dogs and rabbits before he ventured to apply the reasoning to man, and it was incontestably proved that the animals which he stated were protected, were indeed incapable of taking the disease either from a bite, or from an injection of virulent matter which infallibly produced the disease in the unprotected. Let them see how the result bore out the assumption in human beings. It was first necessary to know what was the average mortality in people bitten by rabid animals. They must distinguish, as he had said, between people bitten by dogs, cats, and so on, and people bitten by wolves. There were many estimates of the first class, made under varying conditions, in different countries; and they varied from sixteen to twenty and higher figures per cent. Dr. Ruffer thought that they might take, for the sake of illustration, a lower estimate—namely, fifteen per cent. In the case of wolf-bites the death-rate had been given as sixty, seventy, or even eighty per cent. In 1888 the number of persons treated at the Pasteur Institute in Paris was 1,626. Of that number 1,371 were cases of persons bitten by animals which had been proved to be rabid; while the remaining 255 were cases in which the biter was suspected to be rabid, but had not been proved to be so. The number of deaths that occurred among the whole 1,626 was 1.16 per cent. They would remember that fifteen per cent. was taken as the probable number. The mortality, when they left out those that died actually during the treatment, was 0.79 per cent.—about three-quarters per cent. Leaving out those who died within fourteen days after the treatment, the mortality was only 0.55 per cent. Of the 1,371 persons bitten by animals which had been proved to be rabid, only 1.31 per cent. died. Similar results had been obtained in other institutes in various parts where those in charge were not under the influence of M. Pasteur. But lest it might be thought there was something in the air of Paris that stopped the development of hydrophobia—and some people had suggested such a thing—they would take some other figures. In 1887, in Paris, 350 people were bitten, and of these 306 were treated at the Pasteur Institute. Of the 306, only three died—one per cent. Forty-four persons trusted to luck and declined to be treated at the Pasteur Institute, and of these seven died—nearly sixteen per cent., and very near the figure recorded. These figures were the result of independent inquiry by a physician of great eminence, and who was quite unconnected with the institute. Indeed, he was a little sceptical when he commenced his inquiries. Were there any cases recorded in which it could be proved that death followed as the result of Pasteur's treatment? The answer, apparently, must be absolutely in the negative—there was not one. In conclusion, Dr. Macalister said: What should be our answer to the question—what am I to do if I am bitten, or my child or friend is bitten, by a rabid dog? My answer, speaking with all the responsibility which attaches, not to a lecturer, but to a physician, would be—"If I or my patient were bitten by a rabid dog, or by one suspected to be rabid, I should at once go myself or send my patient to be inoculated." Now, if I were asked to take an appointment in a Pasteur Institute I should do the same thing for safety. That is the advice Pasteur and his colleagues give, and not only give, but what is much more have followed, themselves. I have told you how this knowledge has been acquired and applied to man, so that now patients bitten by rabid animals have a great chance of escaping the dreadful disease, rabies. I have told you that the disease has been known for centuries, and on it the labors of physicians and veterinary surgeons have been freely expended, with the result that it was almost unanimously pronounced an incurable disease. The discoverer of a hopeful treatment is not a medical man, but a chemist—not a veterinary surgeon, but an experimentalist; but

already we are justified in saying that his treatment has saved 1,000 human lives. I need hardly say more to justify experiment.

A New Method of Determining Whether Cesspools, Stables, Etc., Drain Into Neighboring Wells has been presented by Prof. Blake, of the University of Kansas. He says in a common porous soil surface filth in solution may quite readily penetrate to underground water, and thus in the course of time travel a considerable distance and reach a well quite remote. This fact is well known. But it is always uncertain how far and in what direction such travel may extend. The varying circumstances of soil, slope of surface and of rock, depth of well, etc., preclude any general rules.

The eye and the sense of taste form no reliable testing instruments, for the clearest, most tasteless, or most sparkling well waters may yet be solutions of the contents of neighboring cesspools and out-houses, and thus contain the germs of dreaded diseases. Several methods have been tried, from time to time, to trace sources of pollution in wells. A solution of aniline dyes has been poured into such suspected sources, and after a few days the well water has been examined by the eye for its color. But the eye is only slightly sensitive to a weak solution.

Again, a half bushel or so of salt has been thrown into filthy places, and the sense of taste called in to detect its presence in the well water, or the water has been analyzed for chlorine. But the amount of salt required, and the unreliability of the sense of taste, and the expense of chemical analysis render the method unsatisfactory. I am not aware of any process which seems simple, inexpensive, and reliable. Chemical analysis will detect the presence of polluting matter, and thus indirectly suggest its source. But such an analysis requires an expert.

It occurred to the writer to make use of the spectro-scope in testing, and the following method of search for sources of pollution in various wells scattered about the city of Lawrence was developed.

It is familiar to all that a glass prism will separate a ray of sun-light into the seven colors of the spectrum. If the ray comes from a metal which is vaporized in a hot colorless flame—as in a Bunsen gas flame—the spectrum no longer consists of all the colors, but of one or more bright bands, characterized by their color and position in the spectrum. Thus sodium gives a bright yellow band, which is in the position of the yellow of the Swiss spectrum, while calcium gives two, a red and green band, in their proper places. The spectro-scope, which is essentially a glass prism and a small telescope, to observe the spectrum with can thus detect by their characteristic bands the presence of substances which can be volatilized in a colorless flame.

Further, there can be no mistake, for no two metals give the same bands. The question arises, can small quantities of the substances in solutions be thus detected? Prof. Schellen asserts the sure and easy determination of sodium, when less than the 180,000,000 part of a grain is present, and of lithium when less than the 40,000,000 part of a grain. The delicacy of the spectroscopic tests thus exceed the chemical. Indeed, by the spectro-scope several new metals, as thallium, rubidium, cesium and iridium, have been discovered. For the purpose on hand, then, the spectro-scope provides an exceedingly simple method.

A solution of carbonate of chloride of lithium, an ounce to a quart of water, was poured into the suspected sources of pollution in the neighborhood of a well, and after a week or two some of the well water was examined in the spectro-scope. Lithium gives one bright red band toward the remote red end of the spectrum. It is impossible to mistake it, even if the solution holds less than one part in one million. The sensitiveness of the test is greatly increased by boiling down the water to be examined. Say a quart

to half an ounce. A platinum wire is dipped into the water thus prepared, and then held in the flame of a Bunsen burner.

Nine wells were examined situated back of the blocks on the principle street in Lawrence. These wells are located, as regards stables, out-houses, etc., about as is customary in small cities, and their waters are used quite generally for drinking purposes by the families in the blocks. The test showed direct communication with a privy thirty feet distant into one of the wells. Other wells are now being tested more thoroughly, as the method was devised too recently to allow sufficient time in a four months' absence of rain for the lithiated water to permeate through the dry soil to the wells. But sufficient has been done, it seems, to show the reliability of the method and the ease of making it.

Interesting Cure of Insanity.—An interesting case of fighting insanity by insanity, is related in the *Scientific American*, as having recently been noticed among the Blackwells' Island patients. Two lunatics had been received who were disposed to commit suicide. In addition each possessed a special delusion, one to the effect that he was a cow, the other to the effect that he was an iron ball, and was to be rolled along the floor. They carried these beliefs into action, one striking his head against the padded walls of his cell, the other rolling his head, and, of course, his body with it, along the floor. The two patients were placed together, and each was privately informed of the other's weakness and warned to watch his companion to prevent him taking his own life. Thus each had a charge in the other. Their vigilance was unceasing. Each supposed himself perfectly sane, and this belief was returned by considerable scorn for the other's weakness of intellect and accompanying delusions. Gradually under the influence of this treatment the patients were observed to improve. To have their attention centered on definite duty and on objects external to themselves proved a tonic for their diseased minds, and gradually a complete cure was effected, and they received their discharge from the asylum.

Vagaries of Memory.—From an article by Prof. H. C. Wood, in the *March Century*, we quote the following: "When disease affects the brain these alterations of word-memory are something very strange. In the most complete form of this so-called aphasia the person can not understand words, he can not think in words, and can not talk words. Usually, however, words are remembered sufficiently to be recognized when heard or seen, but although the idea is there, the person can not speak in words. I recall the case of an old German woman who had aphasia. When asked how old she was, she would indicate sixty with her fingers. If asked how many children she had had, she would indicate seven. If two of the fingers were turned down she would get angry and insist upon the seven. She was able to understand questions. She knew what the figure '7' meant, but had not the power to say 'seven.' It is a very curious fact that in these forms of aphasia the language of the emotions may be preserved while the language of the intellect is destroyed. Very often a profane man, when he has aphasia, is able to swear. This German woman, when excited, could say 'Gott in Himmel!' Besides this there was left to her but one little fragment of each of the two languages which she had known. She could not say the English 'no,' but could say the German 'nein'; she could not say the German 'yah,' but could splutter out the English 'yes.' The forms of aphasia known as word-blindness and word-deafness are very strange. The sufferer from word-blindness can write and will understand what is said to him: he will talk to you and perhaps talk you to death; but hand him a book, a newspaper, or even the letter he

himself has written, and he can not read a word. Thus an active man of business having written a letter, giving directions for an important matter, attempted to read it, in order to see if it was correct, but was astounded to find that he could not make out a single word; he had been suddenly stricken with word-blindness. The sounds of the words and the words themselves had remained to him, but the recollection of the written forms of the words was gone. In a case of word-deafness the person can talk and can write, but although his hearing is perfect he can not recognize the spoken words. The sound of the voice is plain to his sense, but conveys no thought to him. The records of the past—the unconscious memory, so to speak—exist in the brain; but for conscious recognition these must be dragged out before the consciousness. It is doubtful whether there is such a thing as a bad memory, i.e., as a badly kept brain record. The difference in individuals as to the power of recollecting probably consists in the relation between consciousness and memory. One man has the power of going into the library in his brain and picking up at once the leaf he wants, and glories in his good memory. Another can not in a moment find what he desires, but when the floods of disease come, then spontaneously float up those things which he had thought were gone forever."

Potatoes as a Substitute for Laparotomy (from *The Sanitarium*).—Dr. Cameron, of Glasgow, has used this plan of treatment in several cases of ingestion of large foreign bodies with good success. Dr. Salzer, of Vienna, has also had an opportunity to try this method upon a boy who had swallowed a brass weight of twenty grammes. Potatoes were fed to the boy, cooked in a variety of ways, to encourage his appetite, which he took willingly. After five days the brass weight was compelled to retreat, overwhelmed by the constant accessions of reinforcements from above, and passed out, leaving the potatoes in possession of the field. In the same manner he treated ingestion of a set of artificial teeth, and also a scarf-pin. Dr. Salzer believes that this form of treatment will subserve a useful purpose in many cases in which, up to the present time, gastrotomy appeared to be the only form of relief available. Dr. Hochenegg treated the case of a boy who had swallowed a nail, and had been treated by gastrotomy some years before, with the potato cure.

A Sanitary Wash-House.—Albert Shaw has a most suggestive paper in the *March Century*, entitled "Glasgow; a Municipal Study," from which we quote: "Not the least important feature of the health department's work in Glasgow is the sanitary wash-house. A similar establishment should be a part of the municipal economy of every large town. In 1864 the authorities found it necessary to superintend the disinfection of dwellings, and a small temporary wash-house was opened, with a few tubs for the cleansing of apparel, etc., removed from infected houses. For a time after the acquisition of Belvidere a part of the laundry of the hospital was used for the purpose of a general sanitary wash-house. But larger quarters being needed, a separate establishment was built and opened in 1883, its cost being about \$50,000. This place is so admirable in its system and its mechanical appointments, that I am again tempted to digress with a technical description. The place is in constant communication with sanitary headquarters, and its collecting wagons are on the road early every morning. The larger part of the articles removed for disinfection and cleansing must be returned on the same day, to meet the necessities of poor families. I visited the house on a day when 1800 pieces from 25 different families, had come in. In 1887, 6700 washings, aggregating 380,000 pieces, were done. The quantity, of course varies from year to year with the amount of infectious disease in the city. The establishment has a crema-

tory, to which all household articles whatsoever that are to be burned after a case of infectious disease must be brought by the vans to the sanitary department. The carpet-cleaning machinery and the arrangements for disinfection by steam, by chemicals, and by boiling I can not here describe.

"The department's disinfecting and whitewashing staff is operated from the wash-house as headquarters. A patient being removed to the hospital, the authorities at once take possession of the house for cleansing and disinfection. It is a point of interest also that the city has provided a comfortable 'house of reception' of some ten rooms, with two or three permanent servants, where families may be entertained for a day or more as the city's guest if it is desirable to remove them from their homes during the progress of the disinfecting and clothes-washing operations. The house is kept in constant use, and it is found a very convenient thing for the department to have at its disposal.

"As net results of the sanitary work of the Glasgow authorities may be mentioned the almost entire extinction of some of the worst forms of contagious disease, and a mastery of the situation which leaves comparatively little fear of widespread epidemics in the future, in spite of the fact that Glasgow is a great seaport, has an unfavorable climate, and has an extraordinarily dense and badly housed working population. The steady decline of the total death-rate, and its remarkably rapid decline as regards those diseases at which sanitary science more especially aims its weapons, are achievements which are a proper source of gratification to the town council and the officers of the health department."

Treatment of Lupus.—Unna (*Monatschr. F. Dermat.*) advises the making of punctures into the seat of the lupus with ordinary wooden toothpicks, the ends of which have been well sharpened, and wrapped with a little cotton and dipped into an anti-tuberculous solution of which this is the formula: corrosive sublimate, one part; carbolic acid (or creosote), four parts; alcohol, twenty parts. Mix.

At each sitting, operate upon a dozen of the little centres, discrete nodosities, or salient points of diffuse infiltration, beginning at the edges. Begin by making a slight incision, one-eighteenth of an inch deep, into each point. After a drop of blood appears, make the puncture, which should be the depth of from one-eighth to one-sixth of an inch. At each puncture the toothpick should be left in place ten or fifteen minutes, and when it is supposed that the tissues are impregnated sufficiently with the solution, the picks may be removed by a spiral motion, the reverse of that introducing them. At the end of two or three days no trace remains of the punctures or of the centres operated upon, and another sitting should be had.

Fish as an Invalid Diet.—In the *Lancet*, Mr. Nairne gives a series of cases in which a fish diet has given rise to very serious mischief. Several cases are related in which convalescents from typhoid fever have met with a fatal relapse after partaking of some boiled fish. For some time the author excluded fish from invalid diet, as he thought it the cause of all the mischief; but he has found that if fish be steamed it is more tender, and can be eaten with impunity.

Proving of Ferrum Sesquichloratum (Prof. Schultz, *Allg. Hom. Zeitung*, 21, 1889).—Four men took for four weeks ferrum sesquichloratum. A solution containing one-half of one per cent. was made, of which they took during the first week thirty drops, the second week sixty, during the third and fourth weeks ninety drops, so that every prover took during the proving 0.473 of the salt. All complained of disturbed digestion, sensation of pressure in stomach, symptoms of congestion, increased cardiac action and oppression in the chest, and still all of them felt better and stronger. The pulse increased in frequency during the

proving and then slowly diminished again. One prover suffered from acne and conjunctivitis. For some time after the proving they complained of hebetude and depression, fullness and pressure in stomach, eructations, disturbed defecation, loss of appetite, sensation of debility, and two of them of vertigo after rising.

Cocaine Already Displaced.—The London *Lancet* describes a new local anesthetic, which comes from Port Germain, in South Australia, and is described by Dr. John Reid. Dr. Drumine, the name of this alkaloid, is prepared from the milky juice of *euphorbia drummondii*, and is claimed to differ from cocaine, inasmuch as it has only a purely sensory paralyzing effect, while cocaine acts both on the sensory and motor nerves. It was injected into the legs of cats, and caused a general dullness, and a marked impairment of all forms of sensibility. The anesthesia was most marked when it was placed on the tongue, nostrils or hand. It has no action on the pupil, and no constitutional effect is produced by small doses internally. In quantities of four minims of a four per cent. solution it has been successfully used in sciatica by subcutaneous injections. Experiments with the drug are as yet very imperfect, but a great future is predicted for it in nervous and cerebral diseases.

Howard's Method in Suspended Respiration.—Dr. B. J. Merrill (*North West Jour.*, June 15, 1889) relates a case in which urgent symptoms of suffocation and impending death became apparent during an operation under ether. Artificial respiration not giving relief, "Howard's method" was resorted to, by placing one hand back of the cervical vertebrae and with the other under the chin making forcible extension of the head and neck. The hoarse whistling sound of rushing air through the larynx immediately followed. The countenance of the patient cleared somewhat, but vomiting continued, and again respiration ceased. The same procedure was again carried out, with a like result, and the patient was soon in a safe condition and the operation was completed.

The rationale of "Howard's method" is as follows: Forcibly bending the head and neck backwards elevates the epiglottis, through the hyoid bone, with its attached hyo-epiglottic ligament, the genio- and mylo-hyoidean muscles becoming fixed points. This procedure therefore lifts the epiglottis, and lifts the pharynx throughout.

The writer is of opinion that if this method will work in the majority of cases of suspended respiration as it did in his, it is a simple, effective and elegant substitute for the old method.

Ethylate of Sodium for Removing Hair.—Dr. Arthur Jamieson reports in the *Practitioner* the case of a child who at three months of age had an unusual overgrowth of hair on the face. The doctor had, before this case came up for treatment, noticed that when he had used ethylate of sodium for the destruction of naevi, the hair in the vicinity touched by an excess of the drug was apt to be killed. He determined to apply this to the face of the child, but he first made some tentative applications to several small hairy moles. These proving satisfactory, the child was anesthetized, and the ethylate was rubbed thoroughly over a portion of the hair-covered forehead until the skin took on an orange color. The hair follicles, at the end of a month, were found destroyed, with a few exceptions here and there, and the skin was white. He again applied the caustic to the side of the face, leaving the parts adjoining the eye untreated until the child was a year old. The latter treatment was slow and limited to isolated follicles that had resisted previous application. The child, now six years old, is reported free from disfigurement as to the parts formerly over-run with hair, and the skin is said to be smooth and clear. Dr. Jamieson has, as already indicated,

used the sodium ethylate for the removal of hairy moles, and regards it as superior to electrolysis in many ways. He has found that it removes the discoloration of the skin besides destroying the hairs, which has not occurred in his practice under any other plan of treatment.

The Cause of Baldness.—According to the New York *Medical Record*, Dr. Saymonne claims to have isolated a bacillus, called by him "bacillus crinovorax," which is the cause of alopecia. It is, he says, found only on the scalp of man, other hirsute parts of the body and also the fur of animals being free from it. The bacilli invade the hair-follicles and make the hairs very brittle, so that they break off to the skin. Then the roots themselves are attacked. If the microbes can be destroyed early in the disease, the vitality of the hairs may be preserved, but after the follicles are invaded and all their structures injured, the baldness is incurable. The following is Dr. Saymonne's remedy to prevent baldness: Ten parts of crude cod-liver oil, ten parts of the expressed juice of onions, and five parts of mucilage or the yolk of an egg, are thoroughly shaken together, and the mixture applied to the scalp and well rubbed in, once a week. This, he asserts, will certainly bring back the hair if the roots are not already destroyed. The *Record* adds that the application of the remedy must be very distressing to the patient's friends and neighbors.

Diagnosis of Lead-Poisoning.—Moulin (*Gaz. Med. Torino*) states that the skin of a person poisoned with lead becomes intensely black when bathed with an aqueous solution of sodium sulphide, lead sulphide being formed. The reaction is not noticed on parts which have been recently washed. This reaction is said to precede the appearance of the blue lines on the gums, and is therefore especially important in diagnosis.

Sugar in Normal Urine.—M. Gaube (*Gaz. Med. de Paris*), as the result of numerous analyses, in which he claims to have been aided by a new reaction, of his own discovery, presents the following conclusions: In early childhood the urine contains, on the average, one gram of sugar to the liter. This quantity falls to seventy centigrams in the adult, and rises to eighty centigrams at middle age. Urine containing more than one gram of sugar to the liter may be considered as indicating a tendency to diabetes. Cachectic individuals, on the other hand, secrete less than the average amounts above given.

Chronic Nasal Catarrh.—Dr. O. B. Douglas, Surgeon to the Manhattan Eye and Ear Hospital, thus summarizes in the *N. Y. Medical Journal* for March 22, 1890, the subject "Is the Cure of Chronic Nasal Catarrh as Difficult as Has Been Supposed?"

1. The nose is not an unimportant organ, as some have seemed to suppose, but, physiologically and pathologically, it is of the first importance.
2. Its position and functions expose it to injury and disease necessarily. Variable temperatures, chemical and mechanical irritants, as well as its normal fluxes—perverted—tend to produce disease.
3. Its diseases yield to proper treatment as certainly as those of any other complicated organ.
4. So-called "catarrh" is not a disease *per se*, but a symptom or result of other lesions.
5. "Chronic nasal catarrh" is usually due to nasal obstruction. By this I mean not necessarily an occlusion of a nostril or even an obstruction to respiration, but simply an habitual contact of surfaces which are not normally so in contact.
6. Removing the cause is always the first step toward a cure, and this most frequently requires surgical interfer-

ence. Local and general medication are of secondary, though by no means slight, importance.

7. The nose and its diseases are deserving of more study than has been given them by the profession generally, because the consequences of neglect are far-reaching and serious, and its surgery requires skill and experience.

8. Chronic nasal catarrh—so-called—is not so difficult to cure as by many has been supposed, for it is the result of removable causes in most cases.

Milk as a Medium of Infection.—The spread of disease through the medium of milk has often been demonstrated, but seldom more strikingly than by an investigation lately pursued by the Massachusetts State Board of Health, for the purpose of discovering the cause of an outbreak of typhoid fever that occurred last autumn in a certain district in Cambridge. It was found that all the milk supplied to the district came from one farm in New Hampshire; that on the farm there was a well into which a privy vault drained, the water of the well being used to wash the milk cans; and, finally, last summer a person lay sick with typhoid fever on the farm. The conclusion was unavoidable that the fever-germs were carried in the milk, and thus the disease disseminated among the people of Cambridge.

Large Doses of Turpentine in Croup.—In a case of membranous croup, Dr. Lewentaner, of Constantinople, administered with his own hands a teaspoonful of the pure oleum terebinthæ, giving after it some warm milk. In a quarter of an hour the labored laryngeal breathing had given way to normal respiration sounds. That night the child slept well and was quite free from the brassy cough which had previously been present. The next morning he was quite lively, and he was found playing with his toys. All trace of false membrane had disappeared from the pharynx, which merely presented a reddened surface. Convalescence was rapid and uninterrupted. The turpentine, however, caused an eruption on the face, trunk and extremities, having much the same appearance as the rash of measles, but of a brighter red. The spots completely faded in two days, and were followed by no signs of desquamation.

Auto-Intoxicants.—At the last International Medical Congress at Copenhagen, Professor R. Lepine, of Lyons, read a paper, in which he discussed two sources of possible auto-intoxication, the one by absorption from the digestive canal, the other from the secretions, particularly renal, in acute diseases. The conclusions reached provisionally by M. Lepine are:

1. That the extract from two hundred cc. of febrile urine, deprived almost wholly of salts, are capable, if injected into a small mammal, of causing death in a few hours, which effect will not be produced by the same quantity of normal urine.

2. There is no certain correlation between the toxic power of the extract deprived of salts from a given quantity of urine and the proportion of urea which that urine contains. In other words, the toxic organic matters are not proportionate to the urea. Anemic patients, having a diminution in the excretion of urea, were found to have urine that was particularly toxic.

3. There is a certain correlation between the toxic power of the alkaloids contained in the urine and that of the urinary extract deprived of salts. Thus, in the pneumonia patient, the urine, before defervescence, contained a toxic alkaloid and also gave a very poisonous extract, while two days later, the crisis having passed, there was no alkaloid discoverable, and the extract was much less poisonous. Yet the density of the two urines was the same.

4. There is sometimes a correlation between the gravity of the disease and the toxic power of the urinary extract, but this correlation is by no means constant.

5. Finally, it seems clear to the author that certain urines contain poisonous organic principles which may be supposed to have an influence upon the morbid phenomena of the diseases which they accompany; this view is confirmed by the facts observed as to auto-infection from the intestinal canal.

Tests for the Purity of Cocaine.—Hartge (*Der Pharmaceut.*, Jan. 15, 1887), gives the following as practical tests of the purity of cocaine:

1. When heated upon platinum it must disappear without residue.

2. Solutions of cocaine must be of neutral reaction.

3. Sulphuric acid, when added, should not discolor its solution.

4. When to a solution of cocaine, 1 to 200 or 1 to 500, one drop of a two per cent. solution of potass. permanganate is added, the liquid should become red but remain clear. If the permanganate is added in drops beyond this point, a red precipitate of cocaine will fall, which will become brown on heating, but will give no odor of bitter almonds.

The writer tested six samples of cocaine, finding only one pure.

Tight Collars and Vision.—The influence of tight collars in impeding the circulation in the head by pressing on the jugular veins, is well known to military surgeons with the troops in India; but the bad effects of such pressure in cooler climates has been demonstrated by the observations of Professor Förster, of Breslau, who states that three hundred cases have come under his notice in which the eyesight has been affected by the disturbance of the circulation caused by wearing collars that were too small. A large number of these cases were probably subjects of myopia.

Apparent Recovery From Phthisis.—A patient sent to the Polyclinic in the fall of 1889, supposed to be dying from consumption, is still alive, and apparently healthy, having recovered under treatment by inhalations of compressed air. The diet consisted of raw beef, milk, eggs and green vegetables.

"SURGICAL MEMORANDA."

BY ARTHUR T. HILLS, M. D.

Surgeon to Ward's Island Hospital and the House of the Good Samaritan Diakenessen.

The Importance of Drainage in the Treatment of Diseases of the Uterus.—Dr. Wylie recommends in cases of dysmenorrhœa and sterility, that the os uteri be forcibly dilated, and a hard rubber stem or plug with a groove in it inserted. This plug combines the advantages of dilatation and drainage, and Dr. Wylie says "during his service in the Woman's Hospital, he had the opportunity of seeing the disastrous results of damming up the uterine canal with sponge tents and tampons, etc." It will be plainly seen that this method not only prevents the escape of the secretions, acting as an irritant they cause hypersecretion, and usually bring on forcible uterine contractions, and as the fluid can not escape by the os, it will be naturally forced out by the fallopian tubes, and would be likely to cause the so-called cellulitis, which is now conceded to be almost always a localized peritonitis around the tube and ovary.

Dr. Wylie claims that all intra-uterine treatment should be preceded by an antiseptic vaginal douche, and the rapid

and free dilatation of the uterine canal in all cases where intra-uterine treatment is indicated. The aim is not to merely enable one to make a thorough intra-uterine application, but what should be considered of much greater importance, to secure perfect drainage of the uterine canal. In all cases where the uterus is indurated and the canal small, he advocates not only dilatation, but the use of his drainage plug to make sure of drainage, whether there be dysmenorrhœa or not; such cases should be kept under observation, and by using cotton pledgets saturated with a solution of boro-glyceride one part, alum one-half to one part, and Price's glycerine fourteen parts, placed in the vagina twice a week, subinvolution will be reduced, indurated tissues softened, and the circulation of the pelvis improved. After several weeks, if the uterus become movable and there are no signs of disease in the fallopian tubes and ovaries, in all forms of uterine catarrh, etc., the uterine canal should be fully dilated, and an application of pure carbolic acid made to the fundus of the uterus, through Wylie's cervical protector. In all cases needing curetting, this should be preceded by the use of the steel dilators.

Dr. Wylie suggests that the use of uterine tents and vaginal tampons violates next to cleanliness the most important law of surgery—namely, drainage. The dilatation and division of the os uteri with steel dilators has practically no opposition, but the drainage of the uterine canal is not as generally practiced as it should be. There are few surgeons who have not seen the disastrous results of the sponge tent, and Dr. Wylie well says: "When a gynecologist is as good a surgeon as he ought to be, he will not use the tampon either in the os uteri or the vagina, except temporarily in rare instances."

Where the uterus is large, pieces of hard rubber made to fit in the ends of the steel dilator may be of use in increasing the size of the dilator, and where it is desirable to dilate enough to get at a large intra-uterine fibroid, instead of resorting to sponge tents, a large-sized colpeurynter, after it is smeared over with vaseline and iodoform, should be introduced, and pumped full of hot water 115°, till the upper part of the vagina is fully distended, and every hour or two the water is allowed to escape, so as to let out the accumulations from the uterus and bladder. When the os uteri becomes sufficiently softened to admit of the index finger being introduced, the Barnes dilator will open or dilate to any desirable extent. Neither the colpeurynter or dilators must be kept in over one, or at most two hours, or they may act as a tent or tampon and prevent drainage.

Pressure of forceps are usual on the large vessels to obviate the use of the vaginal or uterine tampon. Many cases of chronic uterine catarrh are readily benefited and cured by free dilatation, and the use of an intra-uterine application of pure carbolic acid, made through the cervical protector, to prevent the acid coming in contact with the cervical canal. If the mucous membrane is thickened or hypertrophied, it should be thoroughly curetted before the intra-uterine application is made; this will obviate the use of strong acids, such as chromic and nitric, in the cautery, and leave no scar to give new trouble in the future.

Treatment of Sprains.—M. Reclus (*Moniteur D. L. Pharm.*) has obtained the best results by combining the three rival methods at present in vogue, viz., prolonged bathing, massage, and the elastic bandage. He commences with the bandage, which is applied over the whole foot, beginning with the toes and extending half-way up the leg. It should be drawn just tight enough to keep it in place, and the patient should be directed to loosen it if at all painful. Unless the sprain is very severe, movement of the limb and even walking may be permitted. Every night and morning, the bandage must be lifted in order to wash and wipe the parts, lest accumulated perspiration should give rise to an eczema. The affected joint is next bathed in water whose temperature is gradually raised to 48°, 50°,

and even 55° centigrade, provided the patient can bear it without discomfort. This takes away the pain, if it has not already been relieved by the bandage, while the circulation and nutritive processes are quickened, which greatly promotes absorption of the peri-articular exudates. It is to aid in effecting the latter purpose that massage is finally brought into play. The injured joint is first anointed with oil or vaseline. The foot and instep are then taken in both hands—the palmar aspect of the thumbs being applied to the swelling—and rapid but gentle friction is kept up from the toes to mid-leg, and in that direction only. In this way the effused fluids are pushed back toward the ankle, where they are more readily absorbed by the cellular tissues. The sittings should last only fifteen minutes and be repeated two or three times daily, which produces a better effect than when they are prolonged. By this mixed treatment a complete cure is brought about within fifteen days, unless the case is very severe. Generally, in from ten to twelve days all pain and stiffness have disappeared, and the limb can be used as well as ever.

Drainage of Wounds.—Dr. I. Boeckel, of Strassburg, who for many years had protested against prolonged drainage in the treatment of wounds, has recently discarded drainage altogether after operations, and now regards this practice as erroneous and absurd. In favor of this opinion, a report was made in May to the Société de Chirurgie, of Paris, of thirty-six cases of operations treated in the Strassburg clinic with complete and speedy success without the use of drain tubes. This list of cases included one of trephining for compound fracture of the cranium, four of cancer of the breast, two of amputation of the thigh, and ten of resection of the knee. In most instances the wound was covered by iodoform dressing, which was allowed to remain until the completion of the healing processes. Dr. Boeckel is a firm believer in the antiseptic method, but endeavors to attain simplicity of detail in the use, during and after operation, of surgical appliances and dressings. The essential point, he holds, is to maintain a rigorous antiseptics during the operation, from the first application of the knife to the completion of the dressing. In certain operations, such as resections of the knee and elbow, and, indeed, articular and osseous resection in general, Dr. Boeckel, in order to save time and to avoid all possible risk of infection from the presence of ligatures and the temporary contact of hemostatic forceps, trusts to methodical compression and vertical elevation of the limb for the prevention of hemorrhage. The surgeon, it is held, should, in the course of a long operation, wash his hands frequently in a weak solution of corrosive sublimate. Gauze pads are used in the place of sponges, and in order to obliterate as far as possible any cavities at the bottom of the wound, the flaps are brought together by deep sutures. Owing to these precautions, Dr. Boeckel is now able in any serious operation to dispense with the inconvenient plan of drainage, and at the same time to effect complete healing of the wound under a single dressing. In all the thirty-three cases mentioned in this report, repair, it is stated, took place in a very striking manner, and without fever, pain or suppuration.

Rodent Ulcer Cured by Thuja, Internally.—Prof. C. M. Thomas, of Philadelphia, presented the patient, a superannuated lady, at a clinic. The ulcer involved a portion of the cheek, nose, and forehead. The patient had had operative and medicinal treatment previously, but the ulcer still existed, and as one portion continued its eating another portion healed, leaving a wake, such as strongly characterizes lupus. The professor prescribed thuja 6x and ordered the tincture as local application. Three weeks later, the patient returned with scarcely a vestige of the ulcer remaining. There being no tincture on hand, no local treatment had been resorted to, not even picking off the scab.

MISCELLANY.

—Persons who are afflicted with exuberance of animal spirits which a sense of propriety is inadequate to restrain, would perhaps do well (says the *Hospital Gazette*) to join the society of which the late General Faidherbe was a member, and to which Broca, the great French surgeon, and Gambetta, the not less eminent politician, belonged. The society in question is highly select—only comprising some twenty-four members—and its fundamental rule is, that on the death of a member his fellows shall "wake" him, in the course of which ceremony his *post-mortem* examination is to be made. In this particular instance the General's widow cried off the arrangement, and before her touching appeal the representative of the society come to claim his prey, could only make his best bow and retire. Another rule, which provides that the brains of deceased members shall remain in the custody of the society, was thus also violated. Unless there can be some guarantee of the society doing its work, it is hardly worth while subscribing for an indefinite number of years to its funds.

—A remarkable occurrence is reported from Belgium, where several inmates of a newly-constructed almshouse died very suddenly and without apparent cause. Investigation revealed the fact that the water supplied to the institution, which came from a spring near by, contained 0.7 of a grain of arsenic acid to the gallon, and it has since been used medicinally as a substitute for Fowler's solution. Arsenical mineral waters have been known before, but this is the first instance on record where fatal accidents have occurred from their use.

—McGovern, the Irish Pasteur, who treats hydrophobia on a system handed down through generations of his family, recently received twelve pounds from the Newry Board of Guardians for successfully treating four patients the board had sent him.

—Chloroform is a delicate and certain test for bile in urine. If a few drops be taken with a little urine in a test tube, the chloroform will become turbid and acquire a yellowish tint if bile is present—darker or lighter, according to the quantity of bile present.

—There are a few men in this country and Europe who are anxious to reinstate Latin as the language of science. A move in this direction has been made in the establishing of a popular periodical written in Latin. It is called *Alauda*, and is edited by Carlo A. Ulrichs, in Aquila Degli Abruzzi, Italy.

—Mr. Rudolph Hering, C. E., is authority for the statement that the load which one horse can draw on an asphalt pavement will require two horses on the best Belgian block, three horses on ordinary Belgian block, five and one-fifth horses on good cobble-stone, and seven and four-fifths horses on bad cobble-stone.

—London maintains its position as the most healthful of the large capitals of the world. The death-rate of that city in 1888 was 18.5 per thousand, the lowest that it has yet recorded.

—Russia will allow women to practice medicine, but their services must be confined to women and children.

—English people knew nothing about leprosy, until some one offered to endow a leprosy ward in memory of Father Damien; then quite a shock was given them when they learned that there are some twenty lepers in England.

—Dr. Luteaud, of Paris, after satisfactory observations, claims that morphine has a special elective action on the ovaries, and that it either diminishes or causes the disappearance of the menstrual function according to the quantity absorbed.

—Dr. Mundé says that to the imprudent act of getting out of bed without protecting the feet—one so commonly committed by women without thought of the consequences—may be traced many an attack of cellulitis brought on by the sudden though momentary exposure of the feet to cold. It has caused more diseases to women previously healthy than could result from any other single act of imprudence.

—Dr. E. M. Hale, of Chicago, makes the statement: "I have the records of eleven cases of scirrhus and incipient sarcoma of the breast, cured by means of conium and hydragris tincture, in alternation or combined. These cases are now living in this city."

—A bushel of corn makes four gallons of whiskey. It sells for \$16.00 at retail. The Government gets \$3.60, the farmer 40 cents, the railroad \$1.00, the manufacturers \$4.00, the vender \$7.00, and the drinker all that is left—delirium tremens.

—Let parents try the following, and see how their children like it: Select good, sound fruit in its season—cherries, plums, peaches,—just ripe and not overripe; wash the outside and dry; cut and remove the stones, and drain on a cheese cloth; put into jars first two inches of very dry sugar, then a layer of fruit, followed by an inch of sugar, and then fruit; and so on up to the top, the last being sugar, putting on a cloth and a weight for a week or so, filling with sugar as the mass settles. The sugar will absorb the moisture and keep from change. The result is charming.

—Dr. C. R. Ward, of Fargo, Dak., claims that "if a woman has gone 280 days, labor will be easy. Less than 280 days, labor will be hard and long, in proportion to the number of days lacking."

—A St. Paul dealer in surgical instruments publishes a letter from a physician, ordering a temperature thermometer, inquiring, which end is to be put in the mouth, the bulb or the other end, and asks if there is any kind made where you put the other end in the mouth.

—The *Chicago Tribune* says a Missourian died the other day from having gorged himself with veal and hard cider. He was a member of seven societies, all of which passed the customary resolutions showing the entire blame for his removal on *Divine Providence*.

—To remove the odor from the hands after a post-mortem or dressing a cancer, wash them with listerine.

—The Homœopathic Hospital, Ward's Island, is said to be the cleanest public hospital in the United States.

—*Nitrate of Amyl* is said to be, given in inhalation, a most successful antidote to chloroform and cocaine when they threaten life by their unfavorable action on the heart.

—"Pack my box with five dozen liquor jugs," contains all the letters in the alphabet.

—"From Meran we hear," says the *Lancet*, "that H. R. H. Duke Carl Theodore of Bavaria has resumed the gratuitous treatment of eye diseases among the Tyrolean poor, and during the last four weeks he has carried to a successful issue 170 operations, of which fifty-three were for cataract. His Royal Highness is a duly qualified practitioner of the Munich school, whose curriculum he supplemented by the clinics of Vienna and Berlin; and it is as no mere amateur, but as a surgeon whose skill goes hand-in-hand with his enthusiasm for the healing art, that he attracts to his hospital at Meran not only the Austrian, but the Swiss and the Italian poor, who travel long distances to benefit by his humane tendance and successful treatment."